The Priory Hospital Hayes Grove

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 Hayes Grove as good because:

The service had addressed the concerns raised following our last inspection in February 2017. For example, the service had updated all ligature risk assessments and included steps to mitigate risks in these assessments. On Keston Ward, occupational therapists had developed an activities timetable to suit the needs and interests of patients. This included activities at weekends. Discharge planning on Keston Ward has also improved.

All the services provided care and treatment recommended by national guidance including medicines and psychological therapies. Psychological therapies included cognitive behavioural therapy, mindfulness, family therapy and anxiety management.

The service had robust policies and procedures to ensure that medically assisted withdrawal from drugs or alcohol was done safely in accordance with national guidance. This included monitoring patients' symptoms of withdrawal four times a day using a nationally recognised assessment tool. All permanent staff had completed training and competency checks in ensuring the safety of patients withdrawing from drugs or alcohol.

Patients across all the services said that staff were kind, friendly and supportive. Patients said they felt comfortable talking to staff and they valued the support they received.

Multidisciplinary teams across all the wards worked well together. These teams had extensive knowledge, skills and experience of planning and delivering care to their specific patient groups.

Staff on Keston Ward maintained safety on the ward whilst providing a least restrictive environment. Staff implemented positive behaviour support plans that followed best practice in anticipating, de-escalating and managing challenging behaviour.

Patients' representatives attended monthly clinical governance meetings and were involved in decisions about the service.

Services were provided in a comfortable, well-maintained and welcoming environment. Patients said the food was very good. The restaurant offered good quality meals including a range of healthy options.

However,

Staff on Keston Ward did not always carry out and record physical observations and examinations of patients. For example, we found that daily blood test for a patient with diabetes were not being completed every day. We also found that daily monitoring of vital signs for a patient with a complex co-morbidity had not been completed for six consecutive days.

The vacancy level for permanent nurses was above 50% on all wards. This meant that the service relied on agency staff to ensure there were sufficient staff on all shifts. Patients on Keston Ward and the at eating disorders service said the use of agency staff led to inconsistency in the quality of nursing.

Supervision sessions with staff were not held consistently. Records showed that discussions in supervision sessions were not always sufficient to develop staff and improve services.

Incidents were not always investigated in a timely manner. Findings from investigations into incidents were not always shared with ward staff.

The provider could do more to separate the male and female sleeping areas in order to increase patient's privacy and dignity.

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 	**We rated acute services for adults of working age as good because:** Staff had a good understanding of how to support patients with depression and anxiety related disorders. The service provided treatments, using medicines and psychological therapies, in accordance with national guidance. Staff completed assessments of patients' physical and mental health on admission and created care plans to address the needs identified in the assessments. The service had identified all potential ligature anchor points and had measures in place to mitigate these risks. The ward was clean, comfortable and well-maintained. The service provided good quality food with a range of choices and healthy options. Patients said that staff were friendly and supportive. Staff reviewed feedback from patients at team meetings. Patients' representatives attended the monthly clinical governance meeting. However, The service did not ensure there was a smoke-free environment. Investigations of incidents were not always carried out in a timely manner and learning from incidents was not consistent across the whole staff team. Less than 40% of staff had completed mandatory training on safeguarding adults and children.
Wards for people with learning disabilities or autism	Good 	**We rated wards for people with learning disabilities or autism as good because:** Staff assessed and managed risks to patients. Staff were able to maintain safety on the ward whilst providing a least restrictive environment. Staff implemented positive behaviour support plans that followed best practice in anticipating, de-escalating and managing challenging behaviour. The service provided care and treatment that was consistent with national guidance including psychological therapies and meaningful occupation. Staff also ensured patients had good access to physical healthcare and specialists to treat co-morbidities such as anorexia, schizophrenia and bi-polar disorders.

Summary of findings

Patients and their families said that staff treated them well and involved them in all decisions about care and treatment. Occupational therapists had developed an activities timetable to suit the needs and interests of patients. This included supporting patients to use the internet and social media safely. Staff encouraged patients to work towards their discharge.
However,
Staff did not always undertake and record patients' physical health observations or examinations.
Information about patients was not stored consistently. Supervision records did not demonstrate that these sessions were effective in ensuring the development of high quality care.

Specialist eating disorders services

Good

We rated eating disorder services as good because:
The provider had made improvements to the service since our previous inspection in February 2017. Staff fully understood how to manage the risks to patients from ligature points and blind spots. Staff now always fully documented their actions when undertaking nasal gastric feeding to ensure this was done safely.
The multidisciplinary team had extensive knowledge, skills and experience in the planning and delivery of care and treatment to patients with eating disorders.
Patients were positive about the way staff worked with them and supported their recovery. Patients said that the regular nursing staff fully understood their needs and were helpful and supportive.
However:
The morale of nursing staff in the service was low. These staff felt that senior managers had not done all that they could to improve recruitment and retention at the service.
Managers did not always ensure that the learning from incidents and complaints was effectively used. More work was required to ensure that changes were made in practice to improve the quality of the service.

Substance misuse/ detoxification

Good

We rated substance misuse and detoxification services as good because:
The service had recently revised its policies and procedures on medically assisted withdrawals. The service fully assessed patients on admission and prescribed a reducing dose of medicine to assist withdrawal in accordance with national guidance.
Staff monitored patients' symptoms of withdrawal four times a day using a nationally recognised

Summary of findings

assessment tool. The service provided a comprehensive range of therapy groups and individual therapy session, including joint therapy with patients' partners and a family programme that included access to a support group. The service also provided aftercare for 12 months after patients completed the addictions treatment programme.

Patients said they were well supported by staff and that they valued the encouragement they received from staff and other patients. All permanent staff had attended training on substance misuse and detoxification. Following this training, staff completed a competency checklist to confirm their understanding of the subjects covered in the training.

However,

The service did not ensure that staff had access to pre-admission assessments for patients admitted for medically assisted withdrawals

Summary of findings

Contents

Good

The Priory Hospital Hayes Grove

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Wards for people with learning disabilities or autism; Specialist eating disorders services; Substance misuse/detoxification;

Summary of this inspection

Background to The Priory Hospital Hayes Grove

The Priory Hospital Hayes Grove is an independent hospital that provides support and treatment for people with mental illness, eating disorders, people with autism and people recovering from drug and alcohol addictions. It had 46 inpatient beds. It provided care and treatment for men and women aged between 18 and 65. The services provided acute mental health inpatient care and treatment, addiction therapy, medically assisted withdrawal from drugs and alcohol, specialised inpatient care for people with eating disorders and inpatient care and treatment for people with autistic spectrum disorders.

Lower Court is an acute admission ward for up to 17 men and women. Patients received treatment either for their mental health needs or through the specialist addictions programme.

The eating disorders service had 20 beds across two wards. The acute ward and the progression and transition ward each have ten beds. Patients are admitted to the acute ward where they are assessed, medically stabilised and started on a re-feeding programme. Patients then transfer to the progression and transition ward. On this ward patients take more responsibility for their recovery as discharge planning intensifies. Throughout admission, patients are offered individual and group therapy interventions.

Keston Ward is a specialised mixed gender unit for adults of working age who have a diagnosis of Autistic Spectrum Disorder (ASD) with psychiatric co-morbidities. The service also admits people with ASD and mild learning disability. The unit had capacity for up to nine patients.

The provider was registered to provide care for the following regulated activities:

• Accommodation for persons who require treatment for substance misuse

• Assessment or medical treatment for persons detained under the Mental Health Act 1983

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

The service had a registered manager in place at the time of this inspection.

This was the CQC's seventh inspection of the Priory Hospital Hayes Grove. Our last inspection was in February 2017. At the last inspection, we rated the hospital as requires improvement overall. We rated wards for people with learning disabilities or autism as requires improvement. We rated specialist eating disorder services as requires improvement and we rated acute wards for adults of working age as good. This inspection is the first time we have specifically inspected and rated substance misuse/detoxification services.

In its report of the last inspection, the CQC issued notices requiring the provider to make improvements to meet the requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to regulation 9 person-centred care, regulation 12 safe care and treatment, regulation 17 good governance, and regulation 18 staffing.

We told the provider it must

- Ensure that ligature risk assessments are completed for all wards and that ensure staff are aware of the risks of blind spots
- Ensure there are effective mechanisms in place to inform staff of lessons learned from incidents complaints and audits
- Ensure that staff record incidents involving restraint and ensure that staff monitor patients' physical health after incidents involving rapid tranquilisation
- Ensure that staff carry out safety checks relating to nasogastric feeding
- Ensure that all staff have supervision and that team meetings are held regularly
- Ensure that staff kept records of when they move medicines between wards
- Ensure that patients on Keston Ward have access to activities at weekends
- Ensure that staff prepare clear discharge plans for patients on Keston Ward

At this inspection, we found the provider had now made the required improvements.

Summary of this inspection

Our inspection team

The team that inspected the service comprised of five CQC inspectors, a CQC assistant inspector and three specialist advisors. Specialist advisors had professional backgrounds in nursing for patients using acute mental health services, services for people with autism, services for people with eating disorders and services for people recovering from addictions.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all the wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 12 patients who were using the services
- spoke with the ward manager or acting manager for each of the wards
- spoke with 27 other staff members; including doctors, nurses, occupational therapists, a pharmacist and clinical psychologists
- spoke with the director of clinical services, the medical director and hospital director
- attended and observed four ward rounds and one community meeting
- looked at 26 care and treatment records of patients
- carried out a specific check of the medication management on all wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients across all the wards said that staff were kind, friendly and supportive. Patients on the eating disorder wards were very positive about regular members of staff who they felt were always caring, kind and friendly. Patients said they felt very comfortable with these staff who knew them well and understood their needs and preferences.

However, some patients at the eating disorders service gave us examples of agency nursing staff who did not talk with them and did not understand how they should behave when working with patients with eating disorders.

Across all the wards we observed positive, responsive and respectful interactions between staff, including domiciliary staff, and patients. Patients said they were offered therapy sessions and activities which helped with their recovery.

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 safe as good because:

The service took appropriate measures to ensure patients' safety. Staff had completed ligature risk assessments that included details of how they mitigated risks. The service had also installed convex mirrors to address the risks presented by blind spots. This demonstrated an improvement since the last inspection in February 2017. At that inspection, we found that staff on Lower Court had not completed a full ligature risk assessment and the ward had not ensured that staff were aware of blind spots.

- Staff at the eating disorders service rarely carried out unplanned restraint. When they did so, they recorded this appropriately. There had been only three incidents of unplanned restraint in the previous year. Staff had recorded each of these incidents in accordance with guidance. This demonstrated an improvement since the last inspection. At that inspection, we found that staff at the eating disorders service were not completing accurate records of incidents involving restraint.
- Staff at the eating disorders service carried out nasogastric feeding safely. Staff had entered all litmus test results onto patients' records. Staff were confident about the procedures they should follow and the records they should keep. This demonstrated an improvement since the last inspection. At that inspection, staff had not completed records to show that litmus tests had been carried out prior to nasogastric feeding.
- At the last inspection, the service did not have effective systems to inform staff of the outcomes of audits and investigations into incidents and complaints. At this inspection, we found that improvements had been made. Detailed discussions about clinical matters took place at team meetings on Lower Court.
- Staff completed records when they moved medicines from one ward to another. This demonstrated an improvement since the last inspection. At that inspection, we found that staff were not recording the movement of stock medicines onto or from Keston Ward.
- Staff across the hospital completed and regularly updated risk assessments with patients.

Summary of this inspection

- Staff on Keston Ward assessed and managed risks associated with challenging behaviour and achieved a balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery.
- Staff on Keston Ward had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.
- Staff on Lower Court were aware of the risks presented by withdrawal from drugs and alcohol. Staff assessed patients for signs of withdrawal four times a day using a nationally recognised rating scale. All permanent staff had received training in medically assisted withdrawal and knew what to do in an emergency.
- Following concerns at another Priory hospital about medically assisted withdrawal, the hospital had reviewed the service and updated its policies and procedures.

However,

- Staff did not always identify and respond to changing risks to, or posed by, patients physical health needs. Staff did not always record patients' physical health observations and examinations for those that required it.
- Investigations into incidents were not always completed in a timely manner and learning from incidents was not consistently shared with staff on Lower Court or the eating disorders service.
- The provider could do more to separate the male and female sleeping areas in order to increase patient's privacy and dignity.
- Less than 40% of staff across the hospital had completed mandatory training in safeguarding adults and children.
- Pre-admission assessments of patients admitted for medically assisted withdrawal were not always uploaded to the electronic patient record. This meant that staff may not have been aware of important information.
- The hospital did not operate a smoke-free policy.
- There were insufficient alarms for all staff at the eating disorders service.
- Patient's at the eating disorder service were not receiving regular individual support sessions from nursing staff.

Summary of this inspection

- Staff at the eating disorders services did not keep updated records to show that equipment had been serviced and calibrated.
- Staff at the eating disorders service did not consistently provide support to patients through regular one-to-one meetings.
- Some staff were not confident in using the electronic incident reporting system.

Are services effective?

Good

We rated effective as good because:

- Doctors on all wards completed comprehensive assessments of patients' physical and mental health on admission.
- All the services provided care and treatment recommended by national guidance including medicines and psychological therapies. Staff closely monitored patients' physical health.
- Multidisciplinary teams worked well together. Psychiatrists, nursing staff, dieticians, psychologists, occupational therapists and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff on Keston Ward and at the eating disorders service understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff received specialist training. All permanent staff on Lower Court had attended special training on substance misuse and medical assisted withdrawal. After attending the course, staff completed a competency checklist to confirm that they had understood the information presented during the course. Staff in Keston Ward received relevant, specialist training to treat and support patients with autism and co-morbid mental health conditions such as anorexia, schizophrenia and bi-polar disorders.

However,

- At the last inspection, we found that staff at the eating disorders service and staff on Keston Ward were not receiving regular

Summary of this inspection

supervision. At this inspection, we found there had been some improvement in the frequency of supervision, but supervision records were brief and did not demonstrate that these sessions were being used effectively to improve the quality of care. On the wards for people with eating disorders, supervision records were very brief. The compliance rate for staff receiving supervision on Lower Court was 62%, below the hospital's target of 85%.

- Although the eating disorders service made checks on the effectiveness of care and treatment, the provider did not have a system to compare local results with those of other eating disorder services to learn from them.

Are services caring?

Good

We rated caring as good because:

- Patients had positive experience of using the service. Throughout the inspection, we observed positive interactions between staff and patients. Staff responded to patients promptly, in a helpful and caring manner. Staff provided emotional support to patients to minimise their distress. On Keston Ward, staff listened to patients, gave them time and supported patients using their preferred communication methods, including communication passports. Patients across all the wards said that staff were kind, friendly and they valued being able to talk to staff about their mental health. Patients said they got on well with all the staff.
- Staff involved patients and those close to them in decisions about their care and treatment. Nurses met with patients individually each week to discuss their care and treatment. Patients' representatives attended monthly clinical governance meetings and were involved in decisions about the service. The wards held community meetings. At these meetings, patients gave feedback about the service. Staff also encouraged patients to complete feedback questionnaires after their first 72-hours on the ward and when they were discharged. This feedback was reviewed at clinical governance meetings and team meetings.
- Staff supported patients to identify, understand and manage their health needs, including nutrition, keeping active, education, prescribed and illicit drug use, and they were provided with accessible information about these matters. Members of patients' families visited regularly and were actively involved in supporting patients to make decisions about care and treatment. Families gave us positive feedback regarding the care and treatment their relatives were receiving.

Summary of this inspection

However,

- Patients at the eating disorders service said that some agency staff did not treat them respectfully.

Are services responsive?

Good

We rated responsive as good because:

- At the last inspection, we found that staff did not complete discharge plans for patients. At this inspection, improvements had been made. Staff actively involved and encouraged patients' in achieving their discharge from the ward.
- At the last inspection, we found that patients did not have access to activities at the weekends. At this inspection, patients now participated in weekend activities. The occupational therapist on Keston Ward recently changed the activities timetable to suit the needs and interests of the patients.
- The wards had appropriate rooms and facilities. Bedrooms and lounges were comfortable and well-maintained.
- Staff on Keston Ward supported patients to use the internet and other social media safely. Patients could personalise their rooms and display art on the walls of the communal areas.
- Patients knew how to complain and felt able to do so. Staff responded to patients and their families' formal complaints. The service took action to address matters raised in complaints promptly.
- Food was of a good quality. Patients had a choice of food that included healthy options and gluten-free meals. All food was prepared on-site and could be made according to patients' specific needs and preference. This included the needs of specific ethnic groups.

Are services well-led?

Good

We rated well-led as good because:

- Senior leaders had the skills, knowledge and experience to carry out their roles. Leaders were visible on the wards. The service was based in a small hospital where all the staff knew each other.
- Most staff felt respected, supported and valued. Most staff we spoke with were positive about their work.
- On Lower Court there was a clear structure for team meetings and clinical governance meetings. Staff recorded discussions and decisions made at these meetings in detail.

Summary of this inspection

- The service was responsive to feedback from patients, staff and external agencies. There were creative attempts to involve patients in all aspects of the service.
- Ward managers reviewed information each week relating to the use of agency staff, compliance with mandatory training and compliance with targets for supervision.
- Audits took place and care and treatment records were maintained to a high standard.
- Management teams on all wards had the right skills and abilities to run services providing high-quality sustainable care.

However,

- Nursing staff at the eating disorders service had low morale and did not feel supported or valued. Staff told us that the senior management team did not listen to their views.
- Although the provider had processes in place to collate information from incidents and complaints, more could be done to learn lessons and ensure that improvements were put in place. Learning from incidents was not being consistently shared across the staff team. The findings from investigations were not routinely discussed at team meetings.
- The provider did not check the quality of one-to-one supervision. At the eating disorders service, the provider did not check that staff had regular one-to-one meetings with patients.
- The service had high vacancy rates for nurses.
- On Keston Ward, there was no clear framework of what must be discussed at a ward level in team meetings to ensure that essential information was shared and discussed with staff.

Detailed findings from this inspection

Mental Health Act responsibilities

Overall, 73% of staff across the hospital had completed training on the Mental Health Act 1983 (MHA). Staff understood their roles and responsibilities under the MHA, the code of practice and its guiding principles.

Staff explained to patients their rights under the Mental Health Act routinely in a way that patients could understand. Records showed evidence of rights being explained to patients monthly and every three months thereafter. Staff on Keston Ward used easy read leaflets for some patients to ensure they understood their rights. Staff on all wards ensured that informal patients were aware of their rights.

Staff ensured that patients could take leave when this had been granted. Staff stored copies of patients' statutory documents and associated records correctly so that they were available to all staff that needed access to them.

Details of the local independent mental health advocacy services were displayed on noticeboards on each ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall, 74% of staff at the hospital had completed mandatory training in the Mental Capacity Act 1983. The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.

On Keston Ward, there were three Deprivation of Liberty Safeguards (DoLS) applications made in the last 12 months.

Staff on Keston Ward helped patients to make specific decisions for themselves. When staff thought that a patient might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis about significant decisions. When staff assessed the patient as lacking capacity, they made the decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Staff on all wards assessed patients' mental capacity when they were admitted and recorded these assessments on the patient's record.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Good	Good	Good	Good	Good
Specialist eating disorder services	Good	Good	Good	Good	Good	Good
Substance misuse/ detoxification	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 environment

Safety of the ward layout

Staff did regular risk assessments of the care environment. For example, the service had completed ligature risk assessment audits in August 2018. The local authority's fire safety officer had completed a full fire safety inspection in March. Actions identified in the audits were included in the estates development plan and the fire safety plan.

Ward layout allowed staff to observe all parts of the ward. The service had installed convex mirrors to mitigate the risks presented by blind spots.

Staff had mitigated the risks presented by ligature anchor points. At the last inspection in February 2017, we found there were ligature anchor points that had not been identified in the ligature risk assessment. At this inspection, we found that staff had included all ligature anchor points in the ligature risk assessment. This assessment had been updated in August 2018. The assessment included details of any ligature risk, a score to indicate the severity of the risk, immediate action to mitigate the risk and details of actions that will be taken to fully address the risk. A deadline for these actions to be completed was included in the estates plan.

The provider had not created designated areas for male and female bedrooms. Although all patients had single rooms with en-suite facilities, and there was a female only lounge, the provider could do more to ensure that designated male and female sleeping areas were provided.

Staff had easy access to alarms and patients had easy access to nurse call systems. Nurses carried alarms at all times. Patients could summon attention by activating call buttons in all rooms.

Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well-maintained. Patients bedrooms were large, bright and fitted with good quality furniture. Communal areas and lounges were decorated to provide a welcoming and homely environment.

Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. Cleaning records included a list of tasks to be completed each shift. Housekeeping staff signed the form to confirm that these tasks had been completed.

Staff adhered to infection control principles, including handwashing. Handwashing guidance was displayed in toilets. An infection control audit was carried out in August 2018. This audit reviewed infection control compliance across all wards, including patient bedrooms and bathrooms.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff completed a checklist of items in the emergency bag each week. We noted that a recent audit showed that five items were missing, including

oropharyngeal airways. Staff informed us that these items had been removed because they were out-of-date. Staff had ordered replacements, although they had not arrived at the time of the inspection.

Staff maintained equipment well and kept it clean. However, there were two suction machines stored in the clinic room that were no longer in use.

Safe staffing

Nursing staff

The establishment level for registered nurses was 7.4 whole time equivalents. This included seven nurses and two days each week of the ward managers time. However, the ward had only three permanent nurses, one of whom was absent due to long-term sickness. The ward had one vacancy for a healthcare assistant.

Managers had calculated the number and grade of nurses and healthcare assistants required. The ward operated two nursing shifts each day. During the day there were two registered nurses and two health care assistants on the ward. At night, this reduced to one registered nurse and two health care assistants.

The number of nurses and healthcare assistants matched this number on almost all shifts. Occasionally, the ward would operate without a full complement of staff, but this only happened if a member of staff or agency worker cancelled their shift at very short notice. In September 2018, there were eight occasions across the whole hospital when wards operated below their required staffing levels. This had been caused by unexpected staff sickness. Staff recorded each of these occasions on the electronic incident record.

The ward manager could adjust staffing levels daily to take account of the case mix. The ward manager had developed a tool to identify when extra staff were needed. This included situations when a member of staff was in ward round meetings all day, or if more than four patients required enhanced observations.

When necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. Between the 1 June and 31 August 2018, the service had used bank staff to cover 159 shifts. During this period, the service had used agency staff to cover 193 shifts.

When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. The ward had recruited four agency nurses on locum contracts. This meant these staff worked full-time hours over a long period of time. Two locum registered nurses had been working on the ward for more than nine months. The two other locum nurses had been working on the ward for more than three months. When the service used bank or agency staff who were not familiar with the ward, a permanent member of staff would go through a checklist with them to ensure they were familiar with policies and procedures. The checklist covered fire safety procedures, the observations policy, the use of emergency equipment and risk assessments with particular relevance to the shift they were working on. One checklist included a specific competency assessment of the agency workers knowledge and skills in carrying out observations.

A nurse was present in communal areas of the ward at all times. A small nurses' station was placed on the corner of the ward's two corridors. Shift allocation ensured there was a nurse at this nurses' station at all times.

Staffing levels allowed patients to have regular one-to-one time with their named nurse. Patients said that staff were always available when they wanted to speak to someone.

Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. None of the patients we spoke with said that activities had been cancelled.

Medical staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. There was one permanent staff grade ward doctor and one locum ward doctor covering the ward from 9am to 5pm from Monday to Friday. Outside these hours a duty doctor was based on site and could attend the ward quickly in an emergency. The hospital operated a rota for more senior doctors to be on-call.

Mandatory training

Staff had received and were up to date with most mandatory training. The hospital required all ward staff to complete nine mandatory training courses including preventing and managing violence and aggression, basic life support and safeguarding.

Over 80% of staff had completed mandatory training in preventing and managing violence and aggression,

breakaway training, basic life support and safe handling of medicines. However, the figure for overall compliance with mandatory training on 31 August 2018 was 72%. This was caused by specific difficulties in accessing trainers accredited in safeguarding adults and children. At the end of August 2018, only 30% of staff had completed the required training in safeguarding children and 37% of staff had completed training in safeguarding adults. This matter was recorded on the provider's risk register. In October 2018, the director of clinical services and the Lower Court ward manager had both completed qualifications as safeguarding trainers. The service then introduced a combined mandatory course on safeguarding adults and children. Shortly after the inspection, in November 2018, compliance with this course had increased to 66%. Two further training days were scheduled for November 2018.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff did a risk assessment of every patient on admission and updated it regularly, including after any incident. For example, one record showed that staff had completed a risk assessment on the day of admission. Staff had updated the risk assessment five times in the following six weeks.

Staff used a recognised risk assessment tool. Staff recorded risk assessments on a specific form. Staff stored these assessments on the electronic patient record.

Management of patient risk

Staff were aware of and dealt with any specific risk issues. For example, one patient had experienced a physical illness that had had an impact on their mental health.

Staff identified and responded to changing risks to, or posed by, patients. For example, staff updated risk assessments when there were changes in the patient's mood.

Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching patients or their bedrooms. The ward allocated an observation level to each patient depending on the level of risk. Level two observations involved staff checking patients four times every hour. Level four observations involved a member of staff being within an arm's reach of a patient at all times. Staff recorded and updated observation levels for each patient on a board in the nurses' office.

Staff applied blanket restrictions on patients' freedom only when justified. For example, all patients were placed on at least level two observations for the first 24 hours of admission. Staff discouraged patients from leaving the ward during this time.

Staff did not implement a smoke-free policy. Staff and patients were able to smoke in the hospital garden. The hospital did not have any plans to change this. Patients were required to sign a contract to agree they would not smoke in the hospital building.

Informal patients could leave at will and knew that. All the patients on the ward were informal. When patients were admitted, staff provided a leaflet about their rights as an informal patient. This included information about the powers staff had to hold patients on the ward if it appeared to staff that an application should be made under the Mental Health Act 1983.

Use of restrictive interventions

Between 1 March 2018 and 31 August 2018, there had been two incidents of restraint on the ward. Both these incidents involved the same patient.

Staff used restraint only after de-escalation had failed and used correct techniques. The reports of the incidents involving restraint showed that staff tried to de-escalate the situation by talking to the patient in the first instance. After de-escalation was unsuccessful, staff restrained the patient in a sitting position. Staff recorded the holds used including a straight arm immobilisation, a double wrist hold and a cupped fist hold. The patient was held in a prone position for one minute. Staff recorded the names of the members of staff involved in the prone restraint.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. Records showed that staff restrained the patient because it was necessary to prevent harm to the patient. Records also showed that this was a proportionate response to the likelihood and seriousness of that harm.

Staff followed National Institute of Health and Care Excellence (NICE) guidance when using rapid tranquilisation. There had been only one incident involving rapid tranquilisation during the year before the inspection. Records showed that the ward doctor had discussed the situation with the patient's consultant psychiatrist prior to prescribing the medicine for rapid tranquilisation. At the

time of the incident, the patient was being held at the hospital in pursuance of an application for assessment under the Mental Health Act 1983.The records did not make any specific reference to the legal authority under which the medicine was given. However, the records clearly show that the action was necessary and carried out in the patient's best interests.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. We spoke with four nurses about safeguarding. Three of these nurses said they felt confident in managing safeguarding situations. The other nurse said they were attending a training course shortly after the inspection. Nurses said they would report any concerns to the nurse in charge, who would then report the matter to the safeguarding lead for the hospital.

However, data from the hospital showed there had been difficulties in providing mandatory training in safeguarding for staff. To address this, two members of staff became accredited in providing safeguarding training in July 2018. Mandatory safeguarding courses had taken place in October 2018. Further training sessions were scheduled for November 2018.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff told us they would do this by always listening to what patients told them and by observing patients' behaviour.

Staff followed safe procedures for children visiting the ward. Children were able to visit the ward during visiting times.

Staff access to essential information

Staff recorded most information about patients on an electronic patient record. Some information was held in paper records, such as the results medical tests and charts for recording temperature, pulse, respiration and blood pressure.

All information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form. All permanent staff could access the electronic patient record. When agency staff first worked on the ward, they were encouraged to report any significant matters to the nurse in charge who would then enter the details onto the electronic patient record. Locum agency staff had full access to patients' records.

Medicines management

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance. The provider employed a specialist pharmacy service to oversee the management of medicines across the hospital. A pharmacist visited the hospital for half a day each week to review medicine charts and highlighted any errors. The pharmacist produced a report of medicines errors every three months. This was reviewed by the hospital's managers. Staff recorded the temperatures at which medicines were stored. Records showed that these temperatures were within the required range. Staff signed documents to record any movements of medicines between wards. Staff disposed of medicines in a designated bin. Needles and other sharp items were disposed of in a sharps bin.

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance. The multidisciplinary team reviewed the effects of patient's medication at weekly ward rounds.

Track record on safety

Between 1 August 2017 and 31 July 2018, there had been nine incidents on Lower Court categorised as serious incidents using the providers guidance.

These incidents include three incidents of deliberate self-harm, one incident of aggression and one incident involving a patient being absent without leave.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. All staff said they were familiar with incident reporting. Staff said they would report anything that was harmful, potentially harmful or unsafe. One nurse specifically mentioned medication errors as something they would report. Registered nurses said they were familiar with the Priory policy and form for recording

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

Good

incidents. Non-registered nurses said they would notify the nurse in charge of anything that was causing concern. Guidance on reporting incidents was displayed in the nurses' office.

Staff reported all incidents that they should report. Staff across the hospital reported incidents such as patients being absent without leave, self-harm, an incident of alleged theft, an information breach, medicines errors and staff shortages.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. For example, when an information breach occurred and when staff misconduct was identified, the service apologised to the patient.

Staff received some feedback from some investigation of incidents. For example, in September 2018, the hospital had produced a newsletter entitled "Monthly Lessons Learned from Incidents." However, this tended to give a description of the incidents rather than any details of lessons learned.

Senior staff met to discuss that feedback but this was not consistently shared with the whole team. After a serious incident took place, the ward manager, consultant psychiatrist and, on some occasions, the director of clinical services held an incident review. These meetings were very effective in identifying and recording concerns that arose following incidents. For example, after a patient had attempted to harm themselves, the incident review highlighted that the nurse in charge must ensure bank staff understand the observation and engagement policy, risk assessments must be updated and staff must inform the patient consultant immediately after an incident. The review also identified a need for nurses to have more training for nurses in managing self-ligature incidents. However, these lessons were not shared with staff at the team meeting that took place after the review was held. In addition, there were incidents of patients taking overdoses of over-the-counter medicines in July and September. Both these incidents led to the patients being taken to the accident and emergency department of the local hospital. However, the service had not held an incident review for either incident. This meant the service had missed the opportunity to review and address concerns about patients having their own medicines. Therefore, there was a higher risk of similar incidents happening again.

There was evidence that changes had been made in response to feedback. Staff gave examples of changes that had been made as a result of feedback. For example, after a patient had threatened to harm themselves on one of the wards, all plastic bags were removed from the hospital.

Staff were debriefed and received support after a serious incident. Records of incidents showed the staff involved in the incident conducted a de-briefing shortly after the incident.

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 completed a comprehensive mental health assessment of patients in a timely manner at, or soon after, admission. We reviewed the records of four patients. All the patient records we reviewed showed that staff had completed a comprehensive assessment of the patient's mental health on the day of admission. Assessments included details of the reason for admission, past medical history and details of the patient's social circumstances.

Staff assessed patients' physical health needs in a timely manner after admission. On the day of admission, staff carried out physical health checks, reviewed each patient's medical history and reviewed any medications that the patient had been prescribed by their GP.

Staff developed care plans that met the needs identified during assessment. Care plans were written in relation to specific aspects of the patients' care and treatment, such as care plans for 'keeping safe', keeping well' and 'keeping healthy'. The care plan for a patient with depression included action such as monitoring the patient's appetite, monitoring sleep patterns and encouraging involvements in activities.

Care plans were personalised, holistic and recovery-oriented. For example, the care plan for one

patient gave a full account of the patients views on how they were unable to cope at the time of the admission. The care plan also stated ways in which the patient would like their mental state to improve in order to return home.

Staff updated care plans when necessary. However, most patients had been in hospital for a relatively short time and their needs had not changed during their admission.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence (NICE). The service predominantly treated patients for depression. The service also admitted patients for treatment in relation to mood swings, anxiety related conditions such as obsessive-compulsive disorders and post-traumatic stress disorders. For patients experiencing functional impairment, such as self-neglect or a high risk of self-harm, the service provided specialist treatment involving anti-depressant and mood-stabilizing medication, along with psychological treatments. Psychological therapy included cognitive behavioural therapy, relaxation, mindfulness groups and exposure therapy.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. The service screened patients for physical illness when they were admitted. A ward doctor, or an on-call doctor based on-site, could see patients at any time. Staff supported patients to attend the general hospital if they required specialist care and treatment.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. The service could refer patients to a dietician. The service provided a special diet for a patient with an inflammatory bowel disease.

Staff supported patients to live healthier lives. The service facilitated walks, yoga and exercise groups for patients. Patients could also attend a nearby gym and participate in sessions with a personal trainer. However, the service was not smoke-free. Staff and patients were able to smoke in the hospital garden.

Staff used recognised rating scales to assess and record severity and outcomes. Staff recorded a score for each patient using the Health of the Nation Outcome Scale (HoNOS) when the patient was admitted and discharged to measure the improvement in the patient's health.

Staff participated in some clinical audits. For example, staff conducted audits of infection control. However, there were no quality improvement initiatives taking place within general psychiatry.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. This included registered and non-registered nurses, a ward doctor and an occupational therapist. A social worker and dietician worked across the hospital. Clinical psychologists worked closely with the team of staff on the ward. There were 13 consultant psychiatrists who could admit patients to the ward. Of these, eight did so on a regular basis.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. At least one registered mental health nurse was on duty during each shift. During our interviews, staff demonstrated an understanding of care and treatment for mental illness.

Managers provided new staff with appropriate induction. During their induction, staff spent time shadowing an experienced member of staff and reading the operational policies.

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings. Between 1 August 2017 and 31 July 2018, the rate of compliance with clinical supervision was 62%. This is below the hospital's target of 85%. We reviewed five records of clinical supervision. These sessions included discussions about the employee's wellbeing, training, ligature audits and care plans. We reviewed the records of the three staff appraisals. All appraisals included positive comments about the member of staff being a valued member of the team. However, staff objectives tended to be limited to completing mandatory training and attending supervision. There was little evidence of staff being encouraged to

develop their skills in specific clinical areas or take on additional responsibilities. We reviewed the minutes of team meetings. During 2018, team meetings had been held in January, April, and June. A meeting scheduled for October had been cancelled due to there being insufficient staff available. Notes of these meetings demonstrated detailed discussions about clinical practice. For example, staff had discussed the ligature audit, feedback from community meetings, training opportunities and completing initial assessments. Between these meetings, the ward manager met with staff collectively at handover meetings.

All staff had an appraisal in the last 12 months

The percentage of staff that received regular supervision was 62%.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Managers discussed the providers online training programme with staff at supervision sessions and annual appraisal meetings.

Managers ensured that staff received the necessary specialist training for their roles. For example, four nurses had recently completed specialist training in phlebotomy.

Managers dealt with poor staff performance promptly and effectively. If there were concerns about a member of staff, or the member of staff was not complying with policy and procedure, the manager would discuss this with them. The service had a disciplinary procedure.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings. Each consultant held a ward round once a week. Ward rounds were attended by a nurse from the ward and a member of staff from the therapy team. During each ward round, the consultant and a nurse met with the patient, reviewed the patient's progress and discussed any plans for the patient's discharge.

Staff shared information about patients at effective handover meetings within the team. Nursing staff held handover meetings at the start of each shift. Notes from these meetings were recorded on the electronic patient record.

The ward did not have formal relationships with other teams, either internal or external to the organisation. When patients were discharged, they usually continued to see their consultant as an outpatient. The service may occasionally have a working relationship with another hospital regarding a patient's physical health needs.

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

Eighty-seven percent of clinical staff across the hospital had had training in the Mental Health Act. Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

During the inspection, there were no patients detained under the Mental Health Act. Staff explained that it would be very rare for anyone to be compulsorily admitted, given that all patients were self-funded or their insurance company was paying for treatment.

The service provided information to patient's as part of their introduction to the ward. This included information about their rights as an informal patient.

If the ward did admit a patient under the Mental Health Act, advice and guidance was available from the Mental Health Act lead who was based on site.

Good practice in applying the Mental Capacity Act

Eighty-four percent of staff had had training in the Mental Capacity Act.

Doctors assessed each patient's capacity to consent to admission and treatment when they arrived at the hospital. Records of these assessments were individualised, detailed and addressed all four components of mental capacity.

Staff could access advice and guidance from the Mental Capacity Act lead, based at the hospital.

The ward had not made any applications under the Deprivation of Liberty Safeguards in the 12 months before the inspection.

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

Good

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. For example, we saw that when patients approached the nurses' station for assistance, nurses responded straightaway in a caring and helpful manner.

Staff supported patients to understand and manage their care, treatment or condition. Nurses met with patients individually each week to discuss their care and treatment. Patients were invited to attend a ward round with their consultant each week. The service displayed information about treatments on a notice board.

Patients said staff treated them well and behaved appropriately towards them. Patients said that staff were friendly and that it was nice to have people to talk to. One patient commented that they got on really well with the doctors and that staff treated them well.

Staff maintained the confidentiality of information about patients. For example, the service had fitted a screen over the white board in the nurses' office so that people could not see information about patients through the office window.

Involvement in care

Involvement of patients

Staff used the admission process to inform and orient patients to the ward and to the service. The service provided an initial welcome pack for patients including information about staffing, visiting times, leave from the ward, smoking and access to wi-fi. The service also provided specific leaflets about care planning, observation levels and the rights of informal patients.

Staff involved patients in care planning and risk assessment. Care plans included details of patient views. During ward rounds, patients were welcomed to the meeting and staff listened carefully to patients. All actions were agreed collaboratively with the patients.

Staff involved patients when appropriate in decisions about the service. A patient representative attended the monthly clinical governance meeting and presented feedback from patients. At this meeting, managers agreed actions with the patient representative to address the concerns raised. For example, at the meeting in August 2018, the patient representative said that some patients on Lower Court had complained about a lack of activities at the weekend. In response, the ward manager confirmed that the hospital was appointing an activities co-ordinator who was due to start in post shortly after the inspection. Staff were also preparing information packs for patients about activities and events that were taking place locally, including details of the local theatres and cinema.

Staff enabled patients to give feedback on the service they received. Patients were invited to complete a survey on the third day of their admission to give feedback on their admission, treatment, hospitality and health and safety matters. The ward manager reviewed the results of these surveys. All patients received a satisfaction survey to complete shortly before their discharge. The results of these surveys were reviewed and discussed in monthly clinical governance meetings. The ward had held community meetings in October, July, June and April 2018. Between four and eight patients had attended these meetings along with the ward manager, the ward administrator and, on two occasions, a senior manager. At these meetings patients gave feedback on housekeeping matters, food, therapy groups and ward staff. Feedback from these meetings was mostly positive.

Staff ensured that patients could access advocacy. An advocate visited the ward once a week. The service displayed contact details for the advocate on a notice board.

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when

needed. One patient told us that their family visited most days. Another patient said that their father attended their ward rounds with them. The service ran a family therapy group each week.

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

Good

Access and discharge

Bed management

The ward only admitted privately funded patients. Patients could be admitted from anywhere in the United Kingdom or overseas. Between 1 March and 31 August 2018, the average bed occupancy for the ward was 94%.

Discharge and transfers of care

Discharge was never delayed other than for clinical reasons. Following discharge, most patients were supported by the same consultant in the community.

Facilities that promote comfort, dignity and privacy

Patients had their own bedrooms and were not expected to sleep in bed bays or dormitories. Bedrooms were large, fitted with good quality furniture and had ensuite facilities.

Patients could personalise bedrooms. Many patients chose to display personal belongings and family photographs.

Patients had somewhere secure to store their possessions. Patients could lock their bedroom doors to ensure their possessions were secure.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. On the ward, there was a clinic room, a lounge for all the patients and a female only lounge. Patients had their meals in a dining room shared by staff and patients from across the hospital. Therapy groups and sessions took place off the ward at the therapy department.

There were quiet areas within the hospital and a room where patients could meet visitors.

Patients could make telephone calls in private. Patients had unrestricted access to their mobile telephones. If a patient did not have a mobile telephone, they could use the telephone in the nurses' office.

Patients had access to outside space. Patients had unrestricted access to a large, mature garden. During the inspection, we saw many patients using the garden.

The food was of a good quality. All patients had their meals in a bright and well-presented dining room. The local authority had awarded the hospital a food hygiene rating of five out of five. Patients had a choice of food at each meal. This included healthy options and gluten-free meals.

Patients could make hot drinks and snacks 24/7. Patients had unrestricted access to a small kitchen with facilities to make hot drinks.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers. Most patients maintained contact with their families throughout their admission and received regular visits from families and friends.

Meeting the needs of all people who use the service

The service made adjustments for disabled patients. The ward was located on the ground floor of the hospital, allowing access for people with limited mobility. The ward had adapted one bedroom for patients requiring disability access. This room had wider doors and adaptations to the ensuite shower and toilet.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on. This information was all displayed on notice boards in the communal area of the ward.

Staff could make information leaflets available in languages spoken by patients in response to patients' specific needs.

Managers ensured that staff and patients had easy access to interpreters and/or signers. The service displayed details of how staff could arrange an interpreter on a notice board in the nurses' office. Staff could contact an interpreting service by telephone outside office hours.

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

Good

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups. All food was prepared and cooked on-site, and could be made according to specific needs and preferences.

Staff ensured that patients had access to appropriate spiritual support. A minister visited the ward once a week. Patients had access to a multi-faith room. The ward could provide patients with details of local religious groups and services.

Listening to and learning from concerns and complaints

In the 12 months before the inspection there had been 12 complaints about the service. Following investigations, four of these complaints were upheld and four were partly upheld. No complaints had been referred to the ombudsman.

Patients knew how to complain or raise concerns. Staff provided patients with information about how to make a complaint when they were admitted to the ward. The service also displayed information about how to make a complaint in the communal areas of the ward.

When patients complained or raised concerns, they received feedback. Whenever possible, the ward manager dealt with informal complaints straight away and gave patients feedback.

Staff knew how to handle complaints appropriately. The hospital had a complaints policy. Complaints were investigated in accordance with this policy.

Staff received feedback on the outcome of investigations of complaints and acted on the findings. Patients received details of investigations. When a complaint was upheld, the service sought to make changes. For example, a patient complained about an external door that was faulty. This was making it difficult for patients and visitors to enter and leave the hospital outside office hours. The hospital upheld the complaint, apologised to the patient and reassured the patient that the parts needed to mend the door had been ordered. The ward also introduced an interim arrangement to ensure staff could easily assist people to enter and leave the building.

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

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The ward manager was an experienced mental health nurse. They had been in post for over two years.

Leaders were visible in the service and approachable for patients and staff. Staff told us that as the hospital was small, all the staff across the different wards and professional disciplines knew each other. Senior staff visited the ward most days and knew many of the patients.

Leadership development opportunities were available, including opportunities for staff below team manager level. Staff could apply to participate in training courses through the providers academy. Clinical team leaders had completed leadership training. The ward manager had completed training in carrying out investigations.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Managers discussed the provider's values with staff at annual appraisals. Within these meetings, staff were encouraged to review their work in relation to the values of putting people first, acting with integrity and striving for excellence.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. As this was a small hospital, senior leaders knew all the staff well. They visited the wards most days and were able, on some occasions, to attend staff meetings, community meetings and team incident reviews.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff discussed changes to the

service at team meetings. Ward managers, charge nurses and staff nurses could all attend monthly clinical governance meetings at which developments across the hospital were discussed and agreed.

Staff could explain how they were working to deliver high quality care within the budgets available. The ward was not experiencing any pressure due to budgets.

Culture

Staff felt respected, supported and valued. We spoke with five members of the nursing team on the ward. They all said they felt respected and valued. They were all very positive about their work. One of these nurses was employed on a locum contract. They said they had found the ward very welcoming and they felt very much part of the established staff team. All staff felt able to raise concerns without fear of retribution.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. Information about the whistleblowing policy, including a telephone number that staff could call if they had concerns, was displayed in the nurses' office.

Managers dealt with poor staff performance when needed. Managers addressed concerns through the supervision process in the first instances. The human resources department provided support to managers when they needed to take formal action.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Three of the nursing staff we interviewed acknowledged that their work could be stressful at times. However, they said they felt supported by colleagues and their manager in these circumstances.

Staff appraisals included some conversations about career development and how it could be supported, although this was mainly limited to discussions about completing training courses.

The service's staff sickness and absence were slightly higher than the average for the health services in England. The sickness rate for Lower Court between 1 August 2017 and 31 July 2018 was 5.5%. This is higher than the average sickness rate for the NHS in England which is 4%.

Staff had access to support for their own physical and emotional health needs through an occupational health service. The service provided an employee assistance programme that supported staff in relation to stress, lifestyle and counselling. Information about this service was displayed in the nurses' office.

The provider recognised staff success within the service, for example, through staff awards. The hospital gave ad hoc awards of up to £100 to staff or teams that had produced good work. The overall organisation held a national awards event each year to recognise the work of front line staff.

Governance

The governance of the service was strong in some areas, although there were areas that the service needed to improve. The ward was clean and well-maintained. The service had identified possible risks to safety, such as ligature anchor points, and the service was taking action to address this. Patients spoke positively about the support they received from staff and about the treatment they received. The service had appointed locum staff to ensure there were an appropriate number of staff on the wards and there was a reasonable level of consistency in the people working on the ward. However, the service had not found a long-term solution to the high level of staff vacancies. This created some risks in relation to staffing. For example, locum staff did not receive supervision and appraisal in the same way as permanent staff, and they could leave at any time. In addition, whilst there was some very positive work taking place in relation to reviewing and learning from incidents, these findings from this work was not being consistently shared with the frontline staff. Also, the service had struggled to implement safeguarding training over recent years, and the numbers of staff completing mandatory training in safeguarding remained low.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information was shared and discussed. Clinical governance meetings took place each month. Matters from clinical governance meetings were discussed at team meetings, such as the details of audits, changes to policies and feedback from patients. However, there had been only three team meetings in the first 10 months of 2018. Also, the findings from investigations of incidents were not routinely discussed at team meetings.

Staff implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at

the service level. For example, after two incidents of self-harm, the ward introduced a revised induction pack for agency staff and ensured that all bank and agency staff were familiar with the observation and engagement policy.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The ward manager completed a weekly audit covering training, supervision and the use of agency staff. This audit also checked that patients had up-to-date care plans and risk assessments. The ward also carried out a thorough monthly review of care records covering multidisciplinary documents, risk assessments, assessments of mental capacity and care plans.

Management of risk, issues and performance

Staff maintained and had access to the risk register for the hospital. Staff at ward level could escalate concerns when required through team meetings and clinical governance meetings.

Staff concerns matched those on the risk register. For example, the risk register assigned the highest risk ratings to staff recruitment and retention.

The ward staff were not aware of whether the hospital had plans for emergencies, such as adverse weather or a flu outbreak.

Information management

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff. None of the staff we spoke with raised concerns about data collection.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. All staff said they had sufficient computers and telephones to carry out their work effectively.

Information governance systems included confidentiality of patient records. All staff required a personal username and password to access information on the electronic patient record. Staff sought the patient's consent before disclosing any information to family members or GPs.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Ward managers received weekly reports on ward occupancy levels, as well as compliance with targets for staff supervision, training and completion of key information on patient records.

Staff made notifications to external bodies as needed. Between 1 October 2017 and 30 September 2018, the hospital submitted 61 notifications to the Care Quality Commission in relation to patients sustaining injuries, allegations of abuse and incidents reported to the police.

Engagement

Patients had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients were invited to complete a feedback form after their first three days of admission. The service also invited patients to complete a patient satisfaction questionnaire shortly before they left the service.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Senior staff reviewed the information from feedback forms and surveys at clinical governance meetings.

Patients and carers were involved in decision-making about changes to the service. Patients' representatives attended clinical governance meetings and were involved in decisions about service developments. The ward also held community meetings at which patients had the opportunity to comment on the quality of the service they received.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback. Senior managers regularly visited the wards and were happy to speak with patients.

Learning, continuous improvement and innovation

Some innovations were taking place in the service. The ward had recently changed it systems for ordering medication after it was noted that it held a considerable amount of medication in stock. This had resulted in a reduction in the pharmacy bill. The service had also received a small allowance to set up a well-being group for staff.

The service did not participate in national audits or accreditation schemes relevant to the service.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and clean environment

Safety of the ward layout

Staff carried out regular risk assessments of the care environment including an up-to-date ligature risk assessment to manage and reduce the risk of ligature points. A ligature anchor point is an environmental feature or structure, to which patients may fix a ligature with the intention of harming himself or herself. Staff had taken steps to reduce the number of ligature points on the ward, by installing anti-ligature fixtures and fittings. Ligature cutters were available and visible in the nurses' office. Staff knew where they were.

The ward layout allowed staff to observe all parts of the ward. A staff member was always observing at the end of the main corridor where they could see the communal areas of the ward.

All bedrooms were single with en-suite facilities. At the time of the inspection, there were three male and six female patients. Male and female bedrooms were located along the same corridor; however, these bedrooms were not clustered into male and female. Staff permanently positioned themselves on the corridor to manage the risk of male and female patients sharing personal spaces. The ward had a small female lounge, which was next to the main lounge. The female patients used this regularly to relax in, eat in and meet with staff.

Staff conducted weekly fire alarm tests. An annual fire safety risk assessment had been completed by an external health and safety organisation.

The ward had alarms mounted on the wall throughout. This meant patients could summon assistance in an emergency. Staff also carried personal alarms. There was an alarm control unit within the office which showed where an alarm was being activated anywhere within the hospital. An allocated staff member on each shift responded to any alarm raised throughout the hospital.

Maintenance, cleanliness and infection control

The ward was visibly clean, comfortably furnished and well maintained. However, the ward was small and could often be cramped. The provider had plans in place to alter the ward layout and build a dedicated clinic room to create more space. The director of clinical services said the works were due to be completed by February 2019.

Cleaning records demonstrated that staff cleaned the environment regularly.

Staff adhered to infection control principles, including handwashing. Hand sanitisers were situated on the walls at the front entrance and by the sinks.

Clinic room and equipment

The dispensary room on the ward was very small and only daily medicines were stored there. Controlled drugs and medicines stocks were on the adjacent ward, which staff accessed when required. Emergency medical equipment and the emergency grab bag were kept in the nurses' office. There was accessible resuscitation equipment for staff to use in an emergency.

Staff kept equipment clean and carried out daily cleaning and checking of the medical equipment.

Safe staffing

Nursing staff

At the last inspection in 2017, we recommended that the provider ensured there were two registered nurses on duty during the day shifts in line with their staffing establishment figures. At this inspection, we found improvements had been made. Staff ensured two registered nurses worked on each day shift. The establishment levels were 7.2 whole time equivalent (WTE) registered nurses and 9.2 WTE healthcare and senior healthcare assistants (HCA). Staff worked long day shift patterns.

The number of nurses and healthcare assistants matched this number on all shifts. At the time of the inspection, there was a vacant post for the ward manager. This was being covered by the charge nurse in the interim. This post had been advertised, but the managers were struggling to recruit to the post. The ward had four vacancies for nursing staff and no vacancies for HCA staff at the time of the inspection.

Managers deployed agency and bank nursing staff to maintain safe staffing levels. The number of agency staff used had increased on the ward due to vacancies and increased levels of observations. Patients reported this could lead to inconsistencies in their care. For example, a patient reported that recently on a weekend all the staff working were agency staff. We looked at the rota and found on this day this was the case. This did not provide continuity in patient's care and treatment.

When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. When the ward used agency staff new to the ward a full induction was carried out with them by the nurse in charge. This did, however, create an extra burden on permanent staff when they were already short staffed.

A nurse was present in communal areas of the ward always. Staffing levels allowed patients to have regular one-to-one time with their named nurse.

Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. There were enough staff to carry out physical interventions safely, for example, observations and physical health examinations.

Medical staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. There was a ward doctor available during the week. A consultant psychiatrist who worked three days a week. An on-call doctor was available onsite outside office hours.

Mandatory training

The service provided all staff with mandatory training in key skills required to carry out their role. Overall compliance with mandatory training was 89%. Mandatory training included managing violence and aggression, fire safety and infection control. Three nursing staff completed training in safe nasogastric tube insertion.

Assessing and managing risk to patients and staff

Assessment of patient risk

We reviewed five patient risk assessments. Records showed that staff completed a comprehensive risk assessment for each patient following admission. This included an assessment of each patient's mental, physical and social risk history.

Management of patient risk

Staff completed comprehensive risk management plans for patients at high risk of self-harm, self-neglect and suicide. Risk management plans also included patient's physical health risks such as diabetes and the risks associated with it. The multidisciplinary team discussed individual patient risk at each ward round. Staff had completed a risk management plan for a patient who had a nasogastric tube inserted. This meant that staff could follow a detailed plan to reduce the risk of the patient becoming severely malnourished.

Staff did not always identify and respond to changing risks to, or posed by, patients. Staff used the Modified Early Warning Score (MEWS) and the meaningful early warning score for inpatient eating disorders units (MARSI MEWS) to assess and monitor patients' physical health risks. However, staff did not always undertake or record the physical health observation and examinations that should have been carried out. For example, we looked at one patients records where the doctor had required that staff complete daily blood sugar readings as the patient's diabetes had recently become high risk. Between, 3-9 October, staff had only recorded the patients daily blood

sugar levels five times. We also found, for another patient who required daily MARSI MEWS, staff had not recorded their physical health observations for six consecutive days. We raised this with staff on the day and they could not find these recordings. Staff accepted that these probably hadn't been done. Staff raised an incident report. We checked a third patient's records for confirmation of nasogastric tube placements. These were meant to be done before medication twice a day. The records for the previous seven days showed that staff did not check the tube for two days. On two days only one check had taken place. Staff's failure to carry out and record patients' physical health observations meant that if a patient's physical health deteriorated, staff may not take prompt action.

Staff followed the provider's policy and procedures when carrying out observations. The multidisciplinary team assessed the levels of observation the patients needed to be on. Most patients were on one-to-one or two-to-one observation levels. In addition, staff carried out hourly checks on the ward environment. This was to reduce the risk of harm to the patients themselves or to others.

Staff did not apply inappropriate blanket restrictions on patients' freedom. Staff assessed the need for restrictions on an individual basis. For example, searching a patient when they returned from leave due to their risks of alcohol misuse.

Staff did not adhere to best practice in implementing a smoke-free policy. The garden had a smoking area outside the ward. This meant that patients could be passing through a smoking area when receiving fresh air.

Informal patients could leave at will and staff supported them to understand their rights.

Use of restrictive interventions

The service analysed incidents of physical restraint on the wards. For 2018, the ward recorded seven incidents of restraint. All of them involved low-level hand holding or leg holding by a small number of staff. None were in the prone or supine position. No incidents of restraint had resulted in rapid tranquilisation. Planned physical restraint involved restraint to support insertion of nasogastric tubes. However, at the time of the inspection, planned restraint was not used. Records showed the length of time each restraint lasted and the names of staff involved in the hold.

Staff used restraint only after de-escalation had failed and used the correct techniques. All staff received training in how to prevent and manage challenging behaviours. This included using de-escalation methods.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

There had been no incidents of rapid tranquilisation of patients in the 12 months before the inspection.

Safeguarding

Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. However, only 12 out of 16 staff had completed training in how to recognise abuse in adults and the processes to report abuse.

Staff gave us examples of safeguarding concerns they had managed. For example, staff told us about a safeguarding concern involving aggression between two patients. Between September 2017 and September 2018, staff had reported eight safeguarding concerns to the local safeguarding authority across the hospital. These included physical abuse and self-harm.

The service had a safeguarding lead that provided extra training and support to staff in protecting patients from abuse. The lead kept a log of all safeguarding concerns raised at the service with information on the types of abuse. The clinical services director explained that the relationship with the local safeguarding team had improved greatly and they could seek advice and guidance from them on safeguarding concerns.

Staff followed safe procedures for children visiting the ward. Adult visitors accompanied children always and had a separate place to meet patients. Eighty-three per cent of staff on Keston Ward had completed mandatory training in how to recognise abuse in children.

Staff access to essential information

Staff used a combination of electronic and paper files for patients' care and treatment records and operational records. The hospital was hoping to become paperless, however, staff still used many paper files to record care and treatment plans.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it.

Good

Wards for people with learning disabilities or autism

At the previous inspection in February 2017, we found that staff did not have knowledge of where the most up to date, relevant patient information was kept and could not always access it. At this inspection, this had improved but we found improvements were still needed. Staff recorded information in more than one system (paper and electronic), this caused them difficulty in entering or accessing information. For example, during the inspection, staff often found it difficult to find where something may be recorded. We also found three incidents where staff had failed to record patients' physical health examinations.

Medicines management

At the last inspection, in February 2017 we found that staff did not always sign medicines into the ward when they had taken stock from one of the other wards. At this inspection, we found this had improved. Staff followed good practice in medicines management. Staff transported, stored, dispensed and administered medicines safely and did it so line with national guidance.

We checked prescription charts for three patients. These included patient information, such as allergies, and staff kept the charts with records of patients' blood tests and physical health observations. This meant that when patients had medicines prescribed, information regarding their physical health was readily available. The pharmacist attended the service once a week. However, the prescription charts showed the prescriber's ink had run in areas, making some parts of the medicines charts ineligible. This meant that staff could make an error when administering medicines because it may not have been clear what they were administering.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff knew what incidents to report and how to report them. Incidents reported included self-harm, violence and aggression and patients absconding from the ward. Staff reported incidents through the provider's electronic system. However, not all staff used the reporting system. Healthcare assistant's (HCA) reported that nursing staff would fill out the form on their behalf and the HCA would record the incident in the patients' care notes. HCAs reported this was because they did not know how to use the reporting system. This could be over-burdensome for the nurses to complete reports when they were not involved in the incident and could lead to inaccuracies in reporting of incidents.

Incident forms prompted staff to record detailed entries of incidents of restraint and safeguarding concerns. Staff held de-briefing sessions after an incident to provide them with support. Staff discussed what went wrong and any improvements that could be made.

Staff understood the duty of candour and the provider explained what was required of staff. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients, of certain safety incidents and provide reasonable support to that person. Staff apologised and gave patients honest information when things went wrong.

The director of clinical services investigated incidents and shared lessons learnt with the ward manager, but these lessons were not always disseminated to the wider service. The acting ward manager attended a monthly learning and outcomes group (LOG). These showed that senior staff discussed themes of specific incidents and discussed the learning from it. However, it was not clear how senior staff shared any changes with frontline staff. For example, staff discussed an incident of violence and aggression and the lessons learnt in the July LOG. From the team meeting minutes for August and September we found no mention of the lessons learnt from this incident.

When staff learnt from incidents this sometimes resulted in a change or improvement being made to the service. For example, the provider shared a safety bulletin within the organisation about a recent incident involving a ligature. Following this, staff had received a briefing from management about the nature of the ligature and displayed a picture of it in the nurse's office. Staff gave examples of incidents where lessons were learnt. However, staff could not recall any specific changes to the service that were the result of learning from an incident.

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

Good

Wards for people with learning disabilities or autism

Good

Assessment of needs and planning of care

Staff completed comprehensive mental health assessments of patients upon admission. We looked at five patients' care and treatment records. Assessments included patients' risk history and current physical, mental and social care needs.

Staff assessed patients' physical health needs in a timely manner after admission. This included a full physical health check of vital signs, electro-cardiograms (ECG) and blood tests. Staff checked patients' weight and height and created a physical health treatment plan for those with low body mass index. Staff discussed patients' physical health at ward rounds.

Staff completed personalised, holistic and recovery orientated care plans with patients. Care plans included a behavioural management plan and keeping safe care plan specific to supporting people with autistic spectrum disorders. Staff had completed a detailed care plan for a patient who was less mobile, which included swallowing therapy, completed with the speech and language therapist and a dietary plan.

Staff completed positive behaviour support plans for all patients. These were in a format which could be easily understood and followed by both staff and patients. Staff completed communication profiles for all patients. Communication profiles ensured that staff could understand people's individual communication needs and how best to support someone with their communication.

All patients had an individual assessment on admission to assess which therapeutic intervention would be most beneficial to them. Therapists tailored therapy and treatment to ensure that it related to the persons autism. Occupational therapists completed a sensory profile tool to identify triggers to behaviours that could be challenging.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The ward provided care and treatment to facilitate patients' recovery and support patients to move to more independent placements. This included medication, psychological therapy and occupational therapy. Doctors prescribed medicines in accordance with National Institute for Health and Care Excellence (NICE) guidance. Clinical psychologists provided cognitive behavioural therapy (CBT), trauma focused CBT, dialectical behavioural therapy (DBT) specifically tailored for autistic spectrum disorders and desensitisation groups. Occupational therapists supported patients with activities of daily living and facilitated a family support group. Occupational therapists also supported patients with obsessive compulsive disorders in accordance with guidance by the British Association for Counselling and Psychotherapy. The service provided treatment to patients with autistic spectrum disorders and eating disorders. For these patients, the service used guidance on the management of really sick patients with anorexia nervosa (MARSIPAN) produced by the Royal College of Psychiatrists.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff had completed a healthcare checklist for all patients with details of all aspects of their individual health needs and understanding of the patient's communication needs. These were meant to be used when patients accessed hospital or appointments. However, staff found these difficult to access when we asked to see them which meant they may not be easily available to take to appointments.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration.

Staff supported patients to live healthier lives – for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse.

Staff used recognised rating scales such as Health of the Nation Outcome Scales and Generalised Anxiety Disorder Assessment to assess and record severity and outcomes.

Staff used technology to support patients effectively (for example, for prompt access to blood test results and online access to self-help tools).

Skilled staff to deliver care

The team included a full range of specialists required to meet the needs of the patients on the ward. These included a manager, part time consultant psychiatrist, part time

dietitian and clinical psychologist. The ward was recruiting for an assistant psychologist. The ward also had a full-time locum occupational therapist and an occupational therapy assistant.

Staff could access support from the consultant and dietitian on the Eating Disorders Unit for patients who were admitted to the ward with a body mass index below 14.

The service ensured staff were competent to carry out their specialist role supporting patients with autistic spectrum disorders. The staff team had access to training in autism and obsessional compulsive disorder. Staff also received training in eating disorders training from the consultant psychiatrist on the adjacent ward. Some training was run internally by the psychologist or consultant while other training was sought externally. Staff told us they completed their own research by accessing information about autism on the internet.

Staff, including healthcare assistants, received training in venepuncture. At the time of the inspection, three staff had completed this training. This meant that staff could take blood from patients to have tests completed when they needed.

The provider gave new staff an appropriate induction.

The interim manager and manager before that provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development). From January - September 2018, 69% of staff received regular supervision. However, records of supervision meetings were generally brief. Although we could see that, in some cases, performance issues and team work was discussed, there was no record of discussion about direct work with patients.

Staff received an annual appraisal of their work performance. The percentage of staff that had had an appraisal in the last 12 months was 100%.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. We saw evidence that staff had asked to carry out different parts of ward duties and the manager had facilitated this.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings. Patient ward rounds were held once a week. This included the consultant psychiatrist, clinical psychologist, occupational therapists and nursing staff.

Staff on the ward were supposed to meet every month for team meetings. However, we looked at the minutes for these and only three had taken place in 2018. This meant that staff could not have a protected time to meet and discuss pertinent issues, such as incidents, safeguarding and complex cases.

Staff shared information about patients at effective handover meetings within the team. For example, each morning staff met to discuss patients, incidents and plan for the day.

The ward teams had effective working relationships, including good handovers. The ward manager met with managers from other parts of the hospital monthly to discuss clinical governance.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983, the code of practice and its guiding principles. At the time of this inspection, three patients were detained under the Mental Health Act.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were.

The provider had relevant policies and procedures that reflected the most recent guidance.

Staff advertised details of the local Independent Mental Health Advocate (IMHA) to patients on the ward. The IMHA attended the service once a month.

Staff explained to patients their rights under the Mental Health Act routinely and explained it in a way they could understand. Records showed evidence of rights being explained to patients monthly and then every three months thereafter. Staff used easy read leaflets for some patients to ensure they understood their rights under the Mental Health Act.

Good

Wards for people with learning disabilities or autism

Staff ensured that patients could take leave when this has been granted. Staff stored copies of patients' statutory documents and associated records correctly and so that they were available to all staff that needed access to them.

The service displayed a notice to tell informal patients that they could leave the ward.

Good practice in applying the Mental Capacity Act

Only 10 staff had completed mandatory training in the Mental Capacity Act. However, staff had a good understanding of the Mental Capacity Act and its five statutory principles.

There were three Deprivation of Liberty Safeguards (DoLS) applications made in the last 12 months. At the time of the inspection, two patients had an up-to-date DoLS authorisation in place. A third patient was awaiting the authorisation to come through from the local authority. The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.

Staff gave patients every possible assistance to make a specific decision for themselves. For example, we saw staff discussions about a patients' capacity to make their own decision to consent to treatment. Staff took every possible step to ensure that the patient had all the information they needed to make an informed decision.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis about significant decisions. We saw staff had completed capacity assessments for patients regarding their finances. When staff assessed the patient as lacking capacity, they made the decisions about their finances in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Staff made deprivation of liberty safeguards applications when required and monitored the progress of applications to supervisory bodies. Staff had applied to the local authority for a third patient to be lawfully deprived of their liberty. The local authority had completed a best interest's assessment but the hospital had not received a standard authorisation to confirm this was in place. We told the ward to chase this up immediately with the local authority, otherwise the patient would be unlawfully deprived of their liberty.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff provided good care. Most of the feedback we received about staff care and treatment was positive. We spoke with five patients and three carers/family members. Patients said that staff had really helped them. Patients felt staff respected their privacy and supported them with their communication needs. Patients also commented that they felt more supported and understood on Keston ward than they had at other hospitals.

However, most patients told us they did not like the inconsistency of agency staff. The ward used agency staff often and patients felt that they did not always understand their needs.

Staff interacted with patients in a thoughtful and respectful way. We attended a ward round and a community meeting during the inspection. We saw interactions between staff and patients that were respectful and responsive. Staff provided patients with help, emotional support and advice at the time they needed it.

Staff supported patients to understand and manage their care, treatment or condition. Patients who were being treated for autistic spectrum disorders with eating disorders told us that the treatment they were receiving on the ward was more beneficial than eating disorder units. They said that staff understood their autism and how this related to their eating disorder.

Staff directed patients to other services when appropriate and supported them to access those services. This included drug and alcohol services and community eating disorder teams prior to a patient's discharge.

Involvement in care

Involvement of patients

Staff used the admission process to inform and orient patients to the ward and to the service. Patients received a welcome pack on admission.

Good

Wards for people with learning disabilities or autism

Staff involved patients in care planning and risk assessment. Patients views were included in their care plans and risk assessments. Patients were encouraged to attend their ward round and could contribute to this. One patient had written down what they wanted to discuss prior to the meeting and had given this to staff.

Staff communicated with patients so that they understood their care and treatment, including effective ways to communicate with patients with communication difficulties. Staff had ensured that patients had communication assessments completed which showed the persons strengths and weaknesses and how best to communicate with them.

Staff involved patients where appropriate in decisions about the service. One patient on the ward had been the patient representative for the hospital at the clinical governance meeting.

Staff enabled patients to give feedback on the service they received through surveys and community meetings. Staff facilitated a weekly community meeting, this meeting was focused on patient feedback about what was going well and any concerns that needed to be addressed.

Patients had access to local advocacy services to support them to speak up and have their voice heard. However, this advocate only attended the ward when staff asked them rather than on a regular basis.

Involvement of families and carers

Staff informed and involved families appropriately and provided them with support when needed. Families and carers told us that staff involved them appropriately with the assessment and care planning for their relative. Carers told us that staff were supportive and had provided a supportive environment for their relative. Staff ran a family and carer group which met monthly. This allowed carers to come together and access support from people that had shared experiences.

Staff enabled families and carers to give feedback on the service they received through carer meetings, feedback forms and informal discussions. Carers informed us that staff were responsive to any feedback that was given.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

Bed management

The ward took referrals from NHS England. On average, patients stayed on Keston Ward for just under a year.

Staff kept patients' beds available when they returned from leave. Patients moved between the adjacent wards if their needs changed. For example, one patient had a bed on the adjacent acute ward, whilst their care was still being managed by staff on Keston Ward.

When patients were moved between wards or discharged this always happened during the day. No patients had required admission to a psychiatric intensive care unit.

Discharge and transfers of care

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. At the previous inspection, we found that staff did not complete discharge plans for patients. At this inspection, we found that all patients had discharge planning incorporated into their care plan. In addition, the consultant psychologist had completed functional analysis assessments with patients who were being considered as moving towards discharge. These were detailed assessments which covered all areas of support that the person would need on discharge. These assessments were used by commissioners in planning future placements and were discussed in Care and Treatment Reviews and Care programme approach meetings for future planning.

Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital. For example, staff had supported a patient to hospital to have investigations and treatment for their physical health concerns.

Facilities that promote comfort, dignity and privacy

Good

Wards for people with learning disabilities or autism

Patients had their own bedrooms and could personalise the bedrooms. Patients could store their personal possessions in a secure place.

At the last inspection, we recommended that staff consider the physical environment to ensure there was enough communal space for all activities. At this inspection, we found the provider had put improvements in place to address this. Staff and patients had access to the full range of rooms and equipment to support treatment and care. Staff had created a dedicated cooking and therapy room in the garden area for occupational therapists (OT) to support patients with their acquired daily living skills. However, staff did not have access to a dedicated clinic room on the ward.

There were quiet areas on the ward where patients could meet visitors. This included the OT room in the garden area or rooms off the ward.

Patients could make a phone call in private. All patients had their own mobile phone to make calls.

Patients had access to outside space. The ward itself had a small garden area as well as the main garden area just off the ward. Staff accompanied patients to the main garden when they wanted fresh air.

The food was of a good quality. Patients described the food to be of good quality. Patients had their choice of three different meals for each day.

Patients could make hot drinks and snacks throughout the day and night. Staff kept the communal kitchen area open always and patients had access to a shared fridge to store their own snacks.

At the last inspection, we found that staff did not provide activities for patients on the weekends. At this inspection, we found improvements had been made. Patients had access to a full set of therapeutic activities, including on the weekends. The occupational therapist had created a new timetable of activities for patients. However, this had only just started so these activities were still developing. Activities included trips into the community, groups on world affairs and cooking groups.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. One patient had started attending a local university course. Another patient was attending college.

Staff supported patients to maintain contact with their family and carers. Families were encouraged to visit, attend review meetings and to take part in the assessment process where appropriate.

Meeting the needs of all people who use the service

The service was accessible. For example, a bedroom had been adapted to ensure it could accommodate a patient using a wheelchair.

Staff ensured they met specific communication needs of patients by ensuring that all patients had communication plans. Care plans and positive behaviour support plans were adapted to patient's needs. Some patients had prompt cards which supported them in how to manage in situations that they found difficult. These were adapted to each patient's needs.

Staff assessed patient's sensory needs. Some patients had sensory tools to help them manage anxiety for example a squeezy stress ball.

Patients had a choice of food to meet their dietary requirements. A diet plan had been designed to support any patients with anorexia, taking account of patients' specific sensory needs. This plan helped patients to put on weight whilst eating the foods that their sensory needs could tolerate. Staff and patients picked a different cuisine each month from the country of their choice.

Managers ensured that staff and patients had easy access to interpreters and/or signers. Staff supported patients to celebrate culture week in July. For example, patients discussed different countries and their culture during the July community meetings.

Staff ensured that patients had access to appropriate spiritual support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes. The ward received four complaints in 2018. The complaints involved staffing and technical procedures. None of the complaints were referred to the ombudsman. One complaint was upheld, one partially upheld and two not upheld.

Good

Wards for people with learning disabilities or autism

Patients knew how to complain and felt able to do so. Patients' information packs contained information about the complaints process. Staff displayed this on the noticeboards.

When patients complained, staff ensured they provided them with feedback. For example, we looked at three complaints and found that staff followed their complaints policy in responding to patients and carers in a timely manner. Complainants received a written reply within 20 working days with the investigation details and outcome.

The manager handled complaints appropriately. The director of clinical services kept a log of all complaints, formal and informal, received about the service. This meant that staff could keep track of complaints about the service and ensure they responded to the complainant in the correct timescales.

The managers' cascaded outcomes of complaints received and shared lessons learnt through clinical governance committee meetings. Staff fed back about the learning shared because of a recent complaint made. This meant staff may not be aware of service development opportunities and shared learning to improve patient experiences.

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Are wards for people with learning disabilities or autism well-led?

Good

Leadership

At the time of the inspection the ward did not have a permanent manager in place. The charge nurse was acting as the interim manager whilst the provider recruited to the post.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. For example, the director of clinical services used to manage the ward, so knew the patients well.

Leaders were visible in the service and approachable for patients and staff. Patients and staff said that they regularly approached the hospital director when they visited the ward. A patient gave an example where the hospital director had helped them to access to the internet so they could complete their degree course.

The service encouraged leadership development including opportunities for staff below team manager level. For example, the ward promoted a healthcare assistant to senior healthcare assistant within a few months of starting with the service.

Vision and strategy

The service had a clear vision and strategy that all staff understood and put into practice. The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

The service had patient specific policies to ensure that patients with eating disorders were provided with safe care and treatment. For example, the service had a policy outlining the effects of refeeding syndrome in patients with an eating disorder. This meant that staff had a clear strategy in place to deliver safe care following an emergency.

Culture

Staff felt respected, supported and valued. Staff felt positive and proud about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process and felt able to speak up to senior management when something was not right.

Managers dealt with poor staff performance when needed. The director of clinical services support from human resources and other members of the management team to deal with staff poor performance in line with performance management procedures.

Teams worked well together and where there were difficulties managers dealt with them appropriately. For example, the eating disorders unit within the hospital offered guidance and training to Keston Ward staff to help support their patients with eating disorders.

Good

Wards for people with learning disabilities or autism

Staff appraisals included conversations about career development and how it could be supported. Staff explained that they had received an appraisal and discussed goals for career progression within them.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

Governance

The service did not have a clear framework of what must be discussed at a ward level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. For example, staff were supposed to meet monthly on the ward. We looked at the meetings for these and found that for 2018 only three meetings had taken place. The minutes showed that staff did not follow a standard agenda to ensure pertinent matters were discussed. For example, learning from incident was not routinely discussed at these meetings.

Staff undertook or participated in local clinical audits. The director of clinical services completed audits on the Mental Health Act and on patients' care and treatment records. However, audits were not always carried out on physical health investigations. This meant that sufficient assurance could not be provided to managers that all physical investigations that should be carried out were.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required.

Information management

The service used systems to collect data about the performance of the wards. This could be over-burdensome for frontline staff. For example, not all staff were confident in using the electronic incident reporting system. This meant that incident reporting may not always be accurate. It was not clear how learning from incidents at a managerial level was shared with frontline staff.

Staff did report being unsatisfied with the systems in place to collect data from wards. The ward only had two computers for staff to record their notes on patients care and treatment. This often-caused problems when staff needed to look up pertinent patient information in a timely manner or to report an incident as soon as possible.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. However, at the time of the inspection, a permanent ward manager had not been recruited. This meant that the acting team manager did not access or use the systems in place to collect performance data on the ward.

The service notified the Care Quality Commission of notifiable incidents, including incidents involving the police.

Engagement

The provider delivered training and support to enable staff to develop within the service. Staff attended conferences on autism to keep up-to-date on best practices. The clinical psychologist had linked in with other professionals at a local NHS trust to share experiences with each other.

Senior management involved staff and patients in decisions on how the service ran and improved. For example, a patient asked the hospital director to improve the WiFi network so they could study.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Patients and staff could meet with members of the provider's senior leadership team to give feedback. For example, a patient had been involved in the monthly clinical governance meetings as a patient representative.

Senior management engaged with external stakeholders such as commissioners. Staff provided reports to case managers regarding patients' progress in their treatment. Staff invited commissioners to patients' care programme approach meetings.

Learning, continuous improvement and innovation

Staff on Keston ward recently received funding to be able to work towards the national autistic society's autism accreditation for the ward. This accreditation process takes three years to complete.

Good

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Good

Safe and clean environment

Safety of the ward layout

On both eating disorders wards, the ligature risk assessment and management plan completed in August 2018 included all the risks in patient bedrooms and explained how these risks should be mitigated. At the last inspection in February 2017, we were concerned that information on ligature risks was held centrally at the hospital and was not easily available to staff working on the wards. At this inspection, staff on each ward showed us a folder which included up to date and full information on ligature risks and management of those risks which staff read when starting to work on the ward.

At our previous inspection, we were concerned that an audit of blind spots was not available to staff on the ward. The provider had addressed this. At this inspection, a recent audit of blind spots was now in a folder on each ward and had been read by staff. Staff we spoke with could explain to us how they ensured the safety of patients in their bedrooms when there was not a clear line of sight from the bedroom door. The hospital's induction checklist for agency staff included induction to the ligature audit and blind spot audit.

Staff fully understood the current level of risk for each patient and how to manage those risks. Where patients had a high risk of self - harm, staff provided one to one or two to one observation to keep them safe. There were two bedrooms on the acute eating disorders ward which were 'safe rooms' for high risk patients. These bedrooms had anti-ligature fittings and observation panels in the bedroom door.

Staffing levels for each ward were reviewed and adjusted each day at a senior managers meeting. Risks to patients were also reviewed at twice daily handovers between nursing shifts and at weekly ward rounds. Care records showed that the staff team immediately reviewed risks after incidents and amended risk management plans and observation levels as necessary.

The provider had issued personal alarms to staff for use in an emergency. Although, there were not enough alarms for all staff the risk of incidents on these wards was relatively low and the lack of alarms for all staff did not significantly compromise safety. Staff tested alarm systems to ensure they worked well and staff responded appropriately. There were also tests of fire safety equipment, and fire drills had taken place.

Both wards had male and female patients. All patients had their own bedroom with an en-suite bathroom. Each ward has a room designated as a female only lounge. Both male and female staff were always on duty to meet the needs of patients. Patients told us they felt safe on the wards.

Maintenance, cleanliness and infection control

The wards were clean and well-maintained throughout. Patients said that if they reported a minor issue, such as a light not working in their bedroom, it was quickly fixed. Staff carried out thorough health and safety checks of the wards and noted any issues for follow up action. Staff

followed good hygiene practice and completed infection control audits to reduce the risk of infection. Staff checked that food was stored safely in the patients' kitchen on the progression and transition ward.

Clinic rooms and equipment

At the previous inspection, staff told us there was regular servicing and calibration of equipment but records of this were not held on the wards. There were no stickers on equipment such as weighing scales which showed the date the equipment had been checked. Staff using equipment did not have easy access to information about the servicing and maintenance of equipment.

The clinic room, located in the acute eating disorders ward was tidy, clean and well-equipped. Staff made regular checks of the clinic room to ensure medicines were stored at the correct temperature and that unused items and medicines were disposed of. Equipment and medicines for use in an emergency were in an easily accessible place and was regularly checked. Staff knew where emergency equipment was located.

The clinic room had suitable seating for patients and staff to ensure the safe restraint of patients during nasogastric feeding.

Safe staffing

Nursing staff

Managers had calculated the minimum number of registered nurses and healthcare assistants for each ward. The nursing daytime shift consisted of two registered nurses and two healthcare assistants (HCAs). This reduced to one registered nurse and two HCAs at night time.

Managers adjusted staffing levels daily according to case mix. Staff told us that, for most shifts, the number of registered nurses and healthcare assistants matched the specified number. However, there were a high number of vacant posts and agency and bank staff were used on almost all shifts. There had been recent success in the recruitment of healthcare assistants but the recruitment and retention of registered nurses was problematic.

At the time of this inspection, the acute eating disorders ward had an establishment of 7.2 registered nurses with four permanent registered nurses in post. The progression and transition ward had an establishment of 7.2 registered nurses with two permanent nurses in post. The acute eating disorders ward had an establishment of 9.2 healthcare assistants with 12 permanent healthcare assistants in post. The clinical director told us the service had over-recruited healthcare assistants due to the number of patients requiring enhanced observations on the acute ward. On the progression and transition ward, there was an establishment of 6.7 healthcare assistants with three permanent healthcare assistants in post.

Staff recruitment and retention was recognised by the provider as a high risk. The hospital manager told us of initiatives to try to recruit registered nurses. However, success had been limited. Staff told us that terms and conditions at the service were unfavourable in comparison with the provider's other services and nearby hospitals. Recruitment of health care assistants had been more successful and there were several new staff who had come into post in the weeks preceding the inspection.

The hospital manager told us that they had acted to improve the consistency of staffing through offering a set number of hours to agency staff and attaching them to a ward. This meant that some agency staff had worked on an eating disorder a ward over many months and knew ward procedures and the patients well. The service also had a pool of bank of staff that could fill in for vacancies, leave or sickness. However, both staff and patients told us that it was not unusual for agency staff to be used who had never worked on the ward before. They said this was particularly likely to happen at weekends. After the inspection, the provider sent us information on when the EDU was short staffed. This showed they had been short staffed on nine occasions in the period from 1 January - 30 October 2018.

Staff and patients said there was always at least one member of staff on shift who was familiar with the ward and could guide new staff. However, experienced staff said this placed additional demands on their time and meant they had less time to engage with patients and support new permanent staff. New permanent staff told us that the experienced staff provided them with guidance and support when they asked for it, but at times they felt that staff were too busy to ask them.

We read the 'acute eating disorders induction checklist for agency staff.' This included a list of generic induction issues such as ligature audit, smoking policy and emergency equipment. There was a space on the form for 'site specific issues' but this was not completed. Patients told us that agency staff often appeared to have no idea about how

they should behave on the ward or interact with patients with eating disorders. There was some useful information available in a file in the eating disorders unit, covering 'dos and don'ts' in terms of behaviour and communication when working with patients. However, this had not been added to the induction checklist for agency staff to read when they began working on the ward.

Patients told us they did not have regular one to one's with a key nurse. On the progression and transition ward, one record showed there had only been eight one to one sessions in a period of 19 days. Staff told us that this was partly because the patient only wanted input from staff they knew. In the case of other patients, it was unclear from the 11 care and treatment records we read whether patients had been offered a one to one. There was no mention of one to ones within the twice daily nursing entries on the notes, and no specific place for staff to store notes of these sessions. The 'Hayes Grove monthly care notes audit' did not check whether a one to one had taken place.

Medical staff

There was adequate medical cover day and night. The consultant psychiatrists visited the wards two days each week and were available at other times by telephone. Out of hours, the staff team could access a doctor for urgent advice and support.

Mandatory training

The provider gave us training rates for mandatory training for staff across the hospital. Most staff completed and were up to date with appropriate mandatory training in topics including basic life support, moving and handling and safe handling of medicines.

Over 80% of staff had completed mandatory training in preventing and managing violence and aggression, breakaway training, basic life support and safe handling of medicines. However, the figure for overall compliance with mandatory training on 31 August 2018 was 72%. This was caused by specific difficulties in accessing trainers accredited in safeguarding adults and children. At the end of August 2018, only 30% of staff had completed the required training in safeguarding children and 37% of staff had completed training in safeguarding adults. This matter was recorded on the provider's risk register. In October 2018, the director of clinical services and the Lower Court ward manager had both completed qualifications as safeguarding trainers. The service then introduced a combined mandatory course on safeguarding adults and children. Shortly after the inspection, in November 2018, compliance with this course had increased to 66%. Two further training days were scheduled for November 2018.

Assessing and managing risks to patients and staff

Assessment of patient risk

At the previous inspection in February 2017, we found that staff had not consistently recorded that a litmus check had been completed before nasogastric feeding. The litmus test checks the level of acidity in the feeding tube and indicates whether the tube has been correctly inserted into the stomach. If the tube is inserted into the lungs this could be fatal. Immediately after the previous inspection, the provider acted to simplify the process for the recording of the litmus test. At this inspection, we checked the previous week's records for the one patient on the acute ward who was receiving nasogastric feeding. On each occasion, staff had entered the litmus test results onto the record. We spoke with registered nurses who undertook nasogastric feeding. They were confident about the procedures they should follow and the records they should keep.

We read six care and treatment records on the acute ward and five care and treatment records on the progression and transition ward. Consultant psychiatrists had reviewed referral information and undertaken an appropriate risk assessment on the patient's physical and mental health prior to admission to the acute ward and in the case of a patient admitted directly to the progression and transition ward. The multidisciplinary team made decisions at ward rounds on the transfer of patients from the acute ward to the progression and transition ward. We heard from nursing staff on the progression and transition ward that there was not a clear process for the handover of a patient's nursing needs when they moved over from the acute eating disorders ward.

Management of patient risk

Staff were aware of and dealt with any specific risk issues. A registered nurse working on the acute eating disorders ward gave us examples of how they worked with patients to prevent the development of pressure ulcers. The consultant psychiatrist asked that staff closely monitor the mood of a patient after a change in their medicines to ensure there were no adverse effects in terms of their depressive symptoms.

Staff identified and responded to changing risks. For example, staff were alert to the risks of self-harm. They recorded such incidents appropriately and ensured observation levels were adjusted as necessary.

There were no inappropriate blanket restrictions in place. Patients could use mobile phones and other devices. Patients were encouraged to be as independent as possible. Patients moved from the acute eating disorders ward to the progression and transition ward as soon as it was appropriate for them to do so. Patients could make their own drinks or snacks subject to an eating disorder risk assessment.

Informal patients told us they were aware of their right to leave the ward.

Use of restrictive interventions

From 1 March to 31 August 2018, there were three restraints of patients to prevent aggression or self-harm. None of these restraints were in the prone position and there was no use of rapid tranquilisation or of seclusion. Planned restraint as part of a care plan for nasogastric feeding was not included in these figures. The provider ensured that staff kept a full record of these planned restraints. These records included the names of the staff involved in the restraint and the role they had taken.

At the last inspection in February 2017, we found that staff did not always comply with national guidance on monitoring the physical health of patients after rapid tranquilisation. At this inspection, we could not check records on this, as staff had not recently used rapid tranquilisation. Nursing staff told us they were aware of the monitoring procedures they should follow in the event of an episode of rapid tranquilisation.

Staff had received mandatory training on the prevention of violence and aggression. They were aware of how to verbally calm patients when they were upset.

Safeguarding

Staff could explain how they could identify potential abuse and neglect and knew how to raise a safeguarding alert. There was guidance on staff notice boards with the actions to take and referral telephone numbers for other agencies. Each ward had an identified safeguarding lead who was the point of contact to escalate concerns. However, data from the hospital showed there had been difficulties in providing mandatory training in safeguarding for staff. To address this, two members of staff became accredited in providing safeguarding training in July 2018. Mandatory safeguarding courses had taken place in October 2018. Further training sessions were scheduled for November 2018.

There were procedures in place to ensure the safety of any child visitors.

Staff access to essential information

Staff used a combination of paper and electronic records. We checked six care and treatment records on the acute eating disorders ward and five care and treatment records on the progression and transition ward. Staff could easily find the information they needed. Induction for agency staff included a handover of current risks, care plans and areas of concern for each patient.

Medicines management

Staff managed medicines safely in line with national guidance. The provider contracted with a pharmacy company. A pharmacist undertook a weekly stock check of medicines. Staff checked the temperature of the clinic room and medicines storage fridges to ensure stocks of medicines were stored safely. We checked the prescription charts for all the patients on both wards. Staff had fully completed the charts and records confirmed that staff gave patients their medicines as prescribed. We noted that medicines records did not include a photograph of the patient which can help to ensure that agency staff give patients their medicines correctly.

Staff reviewed the effects of medicines on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance. In the ward round we observed, each patient's physical health was discussed by the staff team and their medicines reviewed. Patients said they could talk with their consultant psychiatrist about any concerns they had about their medicines.

Track record on safety

The provider told us that, in the 12 months period 1 August 2017 - 31 July 2018, there were 12 serious incidents in the eating disorders service. Nine of these were incidents of patients being absent without leave. We read two detailed team reports on incidents where there had been a deterioration in a patient's physical health. The reports

Good

Specialist eating disorder services

were thorough and addressed the issues arising from the incidents. The investigations found that the incidents were managed well by staff and consequently there were no lessons to be learnt.

Reporting from incidents and learning from when things go wrong

The staff we interviewed told us they knew how to identify and report incidents. Staff said that managers provided advice and support when incidents occurred. A 'learning and outcomes group' was chaired by the clinical service director and attended by all ward managers or acting ward managers. This took place each month. Incidents on each ward were discussed and learning outcomes identified and recorded in the minutes. For example, the minutes of the August 'learning and outcomes group' showed that the acute eating disorders ward manager had informed the group of incidents relating to staffing, self-harm incidents and physical health incidents. The ward manager told the group of the immediate actions put in place in response to the incidents.

Monthly team meetings were held on both wards. These meetings covered feedback from the clinical governance meeting and an agenda item on incidents and any learning outcomes. However, it was not clear from the minutes what the learning outcomes were. Staff notice boards on both wards had a 'Priory Hayes Grove September 2018 lessons learnt' leaflet pinned up. This leaflet explained the incidents that had occurred and, in some cases, a very brief account of immediate action taken in response to the incident such as 'patient placed on one to one'. It stated that the most common incidents were deliberate self - harm and staff shortages due to bank and agency staff being unable to cover when staff had called in sick. We saw that the provider had sent the wards details of a ligature risk in relation to wardrobes which was a result of a serious incident in another service. Staff were unable to give us any examples of changes to practice in the eating disorders unit in response to incidents.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We read six care and treatment records on the acute eating disorders ward and five care and treatment records on the progression and transition ward. In all cases, staff had completed a thorough assessment of the patient's mental health and physical health needs on the day of admission and then a comprehensive care plan was produced on the same day or shortly after.

Patients had care plans which were personalised, holistic and recovery orientated. For example, care plans included full details of how the patient would be supported to gain weight whilst on the ward. Records included details of the recovery goals for the patient and how staff would support the patient to achieve their goals.

Best practice in treatment in care

Staff provided care and treatment interventions in line with the National Institute for Health and Care Excellence (NICE) guidance for patients with eating disorders. A psychologist assessed each patient's needs and developed an individual programme for them from a menu of therapeutic interventions. Group work and individual sessions were provided in accordance with best practice guidance for patients with eating disorders.

Occupational therapists and occupational therapy assistants planned and delivered a range of interventions to develop patients' life skills. This included personalised support for patients to become more independent in relation to managing their eating disorder and generic life skills in relation to work and education.

Staff assessed and met patients' needs for food and drink in line with national guidance for eating disorders services. A dietician assessed each patient's dietary needs on admission to the service and kept these needs under constant review. This included planning how staff should support the patient to gain weight and how often the patient should be weighed. Staff had the skills to carry out nasogastric feeding on site if patients required this as part

of their care plan. There was a nasogastric feeding competency pack for staff which was comprehensive and cross referenced the enteral feeding policy and management of challenging behaviour. A consultant psychiatrist told us that the staff team were easily able to get advice from the gastrointestinal consultant at the local acute hospital if this was required.

There was good access to physical healthcare. We spoke with two registered nurses from a general nursing background who worked on the acute eating disorders unit. They had a full understanding of physical health issues relevant to patients with eating disorders. Patients said that staff were knowledgeable about their physical health care needs.

The staff team had developed and implemented appropriate physical health care screening for eating disorders patients. Staff undertook observations of each patient's health at least once a day and screening was adjusted and increased in accordance with risks to the patient. Staff used a rating scale to evaluate risks and followed a protocol about when to escalate concerns to a doctor for further advice. The multidisciplinary team worked with specialists at the local acute when this was necessary to meet the patient's health needs.

Staff used Health of the Nation Outcome Scales to assess and record outcomes for patients. The service was commissioned by NHS England who collected data from the service to bench mark it against similar services.

There was a programme of clinical audits in the service. For example, the ward managers on each ward undertook a weekly audit of care and treatment records, the ward environment, staffing and compliance with the providers standards for documentation.

Skilled staff to deliver care

At our last inspection in February 2017, some nursing staff from the transition and progression ward had not received regular monthly individual clinical supervision for support and professional development. At this inspection, we found supervision rates had improved. The provider told us that 87% of staff in the eating disorder service had received monthly supervision in the period 1 August 2017 to 31 July 2018. However, records of supervision meetings were generally extremely brief. Although we could see that, in some cases, performance issues and team work was discussed, there was no record of discussion about direct work with patients. Nursing staff we spoke with said clinical supervision was helpful to them and they could also attend a group supervision session which was led by an external facilitator each fortnight to reflect on their practice.

Therapy staff told us they had appropriate professional supervision and support. At the previous inspection, we found that team meetings did not always take place monthly. At this inspection, we found an improvement and there had been regular team meetings on both wards.

Staff had completed an annual appraisal with their manager.

We spoke with two new staff who said they had received an appropriate and comprehensive induction to the Priory Group when they started work and then a service specific induction to the eating disorder unit. They said this covered getting to know the needs of each patient, and an understanding of mental health and physical health risks for patients with eating disorders and how these were managed.

The multidisciplinary team operating across both wards included the appropriate specialists to meet the needs of patients with eating disorders in compliance with national guidance. For example, there was a full-time dietician. The team also included occupational therapists and a clinical psychologist. Patients were allocated to one of two consultant psychiatrists who were contracted to work across the service. These staff had the appropriate qualifications, skills and experience to work in the service. Staff told us they felt that any issues of poor performance were followed up by managers.

Multidisciplinary and interagency teamwork

Each consultant psychiatrist held a weekly ward round where the multidisciplinary reviewed the patients the consultant psychiatrist was responsible for. We observed a ward round and noted there was effective communication and planning by the multidisciplinary team. Decisions were recorded in a ward round book and then put onto the electronic patient record. Staff updated white boards in the nursing offices following decisions from ward rounds about detained patient's leave.

There were twice daily handovers between nursing shifts which staff said were helpful and informative.

Good

Specialist eating disorder services

Staff told us that they had effective relationships with external teams. Care programme approach meetings were held and care co-ordinators attended these to review progress and plan discharge.

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

Staff had a good understanding of the Mental Health Act and the Code of Practice. Across the hospital 73% of staff had training in the Mental Health Act. Staff knew the on-site Mental Health Act administrator and said they could approach them for advice. The Mental Health Act administrator audited practice in this area.

Details of the local independent mental health advocacy services were displayed on patient noticeboards on each ward. There was evidence in the records that staff had explained to patients their rights.

Staff ensured that patients could leave the hospital when they had been granted leave. Patients told us that they could always take their leave when this had been authorised.

Informal patients told us they were aware of their right to leave the wards.

Good practice in applying the MCA

Staff on each ward could explain the principles of the Mental Capacity Act. Across the hospital, 74% of staff had completed training in the Mental Capacity Act.

We read mental capacity assessments and found these to have been appropriately carried out and documented.

Are specialist eating disorder services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We observed that staff interacted with patients in a respectful and friendly way. They behaved calmly and politely. Patients said staff respected their privacy and dignity. For example, staff always asked patients if they could enter their bedroom.

Patients were very positive about the regular staff on the wards. They said they felt these staff knew how to behave around people with eating disorders. Patients told us that, particularly at weekends, there were sometimes agency staff who appeared disinterested in them or acted inappropriately in the way they spoke to patients or the way they behaved around food.

Patients said the staff team supported them to understand and manage their eating disorder. A patient was discharged from the transition and progression ward on the day of the inspection. They gave thank you cards to the staff expressing their appreciation of the way staff had supported them with their recovery.

Staff we spoke with had a good understanding of the needs, preferences and cultural background of the patients. Patients said staff took the trouble to get to know them and gave them good support during mealtimes and during supervision after meals.

The involvement of people in the care they receive

Patients and staff told us about the admission process which orientated patients to the service. Details of the advocacy service were displayed on both wards.

Patients said staff involved them in all aspects of planning their care and treatment. They worked with staff to develop their care plan and participated in ward rounds and care programme approach meetings. Staff supported patients to write down questions in advance of the ward round. Patients said this was helpful and made them feel less anxious.

There were two community meetings for patients on the wards each week. One of these meetings also involved all the multidisciplinary team. Patients said that the meetings were useful. Patients on the transition and progression ward told us there was an issue about space for storage in the fridge and freezer. Patients said they had raised this several times at the community meeting but the matter was still unresolved.

Patients could give feedback on the service they received through patient satisfaction feedback forms. Feedback was very positive.

Involvement of families and carers

Good

Specialist eating disorder services

Patients said staff asked them for their views on how their family should be involved in their care and treatment and acted in accordance with their preferences. The staff team provided family therapy and support to carers when appropriate.

Are specialist eating disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

Bed management

The eating disorders service was commissioned by NHS England. The service worked with commissioners and external mental health teams to organise admissions to the service. The service ensured that there was a bed available when patients returned from leave.

Discharge and transfers of care

Staff used the care programme approach meetings to plan for patient discharge. External professionals were invited to these meetings to ensure effective care planning for patients when they left the service. Care records included evidence of discharge planning.

If a patient required a temporary transfer to an acute hospital for treatment, staff from the service went with them to provide support.

Transfers from the acute eating disorder ward to the progression and transition ward were planned by the multidisciplinary team in accordance with the service's model of care. Patients were involved in discussions about moving wards. They told us they valued the opportunity to become more independent on the progression and transition ward.

Facilities that promote recovery, comfort, dignity and privacy

Patients on both wards had their own spacious bedroom with an ensuite bathroom. Two patients showed us their bedrooms and explained how they could personalise their rooms as they wished. Patients could lock their bedrooms and keep their possessions safe.

Staff and patients had access to a limited range of rooms in the service. For example, In the acute ward there was a communal lounge and a very small room designated as a female only lounge. There was no staff room in the service. Therapy staff said they used rooms off the ward to hold one to one sessions with patients. Patients could meet visitors off the ward or in their own bedroom. Patients used their own mobile phones to make private telephone calls. Patients could access a garden area for exercise and fresh air.

Both wards had a designated dining area where all patients could sit together. These facilities were appropriate for patients with eating disorders. On the acute ward, the dining area was reserved only for dining during allocated mealtimes, as recommended by the Royal College of Psychiatrists' standards for adult inpatient eating disorder services.

On the progression and transition ward, patients used the kitchen and dining area more independently as they worked towards independence in preparing and eating their own meals. Patients could store their food and groceries in the freezer, fridge and cupboards.

Both dining areas were pleasantly furnished and spacious. This allowed patients and staff to easily interact with each other. When appropriate, in terms of their care plan, staff supported patients to eat a meal at the on-site hospital restaurant.

Patients said that the food was of good quality. The dietitian worked with patients to devise their personalised meal plan. Patients could choose food that met their cultural and dietary requirements.

Patients' engagement with the wider community

Patients had access to education and work opportunities. For example, on the transition and progression ward, staff supported patients to attend college and return to work.

Staff supported patients to maintain contact with their family and friends. Patients said the staff supported them with making decisions about how to involve their family in planning their care and discharge. Staff told us that they encouraged patients to support each other and used groupwork sessions and community meetings to ensure patients developed positive relationships with each other.

Good

Specialist eating disorder services

There was a structured therapeutic programme from Monday to Friday. Staff displayed the timetable for activities on the ward notice boards. Patients said that at weekends they sometimes went out with staff for a walk or to the shops.

Meeting the needs of all people who use the service

The service could meet the needs of patients with disabilities. The service was wheelchair accessible. There was lift access to the service for those requiring it due to disability or acuity of illness. One of the bedrooms was fully adapted for use by a patient who used a wheelchair.

On both wards, there were leaflets on display about how to complain and patient rights. Staff said they could access interpreters, or spiritual support if this was required. Care plans showed that, staff spoke with patients about their cultural needs and preferences in relation to diet and other aspects of their care.

Listening to and learning from concerns and complaints

Patients told us they knew how to raise concerns and complaints. They said they had been given information on making a complaint. Between 1 August 2017 and 31 July 2018 there were nine complaints made about the eating disorders service. Of these complaints, one was upheld, three were partially up held and five were not upheld.

The learning from complaints was not fully put into practice. In September 2017 a complaint, which was partially upheld, was raised by all the patients about the lack of skills and empathy shown by agency staff working on the ward. The provider responded that it was going to add elements of the permanent eating disorder staff induction to the agency staff induction. However, the eating disorders agency induction form had not yet been updated to include any eating disorder specific information. Patients told us there were on-going issues about the attitude and behaviours of agency staff.

Are specialist eating disorder services well-led?

Good

Leadership

Managers of the service had ensured there had been improvements to the service since the last inspection.

Staff told us that leaders at ward level had the skills, knowledge and experience to perform their roles. For example, staff on the acute eating disorder ward said the ward manager, who had been in post for some time, was very competent in their role and supported them to provide high quality care.

Patients and staff said that managers at directorate level visited the wards to speak with them.

Vision and strategy

New healthcare assistant staff told us that their induction included the provider's vision and values. Staff we spoke with were clear about how they should engage with patients and how the service operated.

Culture

Nursing staff told us their morale was low because of staffing difficulties in the service. They said they felt stressed due to constantly supporting new staff on the wards. Staff felt that the provider had not addressed long standing issues in relation to pay and conditions and this had made recruitment and retention of nursing staff increasingly difficult. The provider told us that in the period 1 August 2017 to 31 July 2018, 43 of 108 substantive staff had left across the whole hospital, giving a staff turnover rate of 35%. A recent staff survey showed that, across the hospital, 29% of staff said that they would recommend the hospital to friends and family as a good place to work and 48% of staff would not recommend it.

Although one member of staff said she had been given some shopping vouchers, staff we spoke with were not aware of any provider schemes to recognise and celebrate staff achievements and success. The provider told us that the most recent staff survey showed that a high number of staff at the hospital did not feel recognised or valued for the work they do. The provider has set up a working group to better engage staff and improve morale. Eating disorder ward staff were not aware of any outcomes from this working group.

Staff said they felt they could raise concerns without fear of retribution and knew how to use whistle-blowing

processes. Staff said they could use team meetings to work out any difficulties in team working. Staff were proud of the service and spoke of the positive outcomes achieved for patients.

A healthcare assistant told us the provider supported them with their nurse training.

Governance

There were governance systems in place but these were not fully effective in driving improvements at the service. The provider collected information on the frequency of clinical supervision but did not check the content of supervision records. There was no system in place to check whether staff had met with a patient for a one to one session.

There was a system to disseminate learning from serious incidents and complaints. However, staff on the wards could not give examples of learning which had improved practice on the wards. Furthermore, a recommendation arising from a complaint about the competence of agency nurses in September 2017 had not been fully implemented. Patients said the same issue was still a problem at this inspection.

Multidisciplinary teamwork was effective and patients received care and treatment in line with good practice guidelines for patients with an eating disorder. Clinical audits took place and we found that staff kept care and treatment records up to date and accurate.

Management of risk, issues and performance

Staff told us the main risk to the service was the recruitment and retention of qualified nursing staff. This risk was on the provider's risk register.

Information management

Staff said systems to collect data from the wards were not overly burdensome for frontline staff. The electronic patient records system was effective for planning and monitoring care. Patient records were kept confidential.

Ward managers had access to the information on their ward performance collected through clinical audit. This included information on staffing levels, staff supervision and completion of patient risk assessments and care plans. However, the data collection and audit systems were limited in scope and did not evaluate for example, the content of supervision records. This meant that not all areas for improvement were identified for action.

Engagement

Managers collected feedback from patients, carers and staff. Staff told us they did not think that senior staff in the provider listened to their feedback. Patients told us they could give their views about the service and, in general, were positive about the service. They said they were sometimes listened to. Community meetings for patients were held twice a week. Patients told us that they had raised an issue several times at a community meeting about a lack of space for food storage in the kitchen without it being resolved. Staff we spoke with during the inspection thought this could possibly be resolved through the installation of an additional fridge freezer.

The service managers regularly met with commissioners of the service. The service had good communication with the local adult safeguarding team and attended local safeguarding events.

Learning, continuous improvement and innovation

The eating disorder service had participated in the Accreditation for Inpatient Mental Health Services (AIMS) programme for adult inpatient eating disorder services.

Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good

Safe and clean environment

Safety of the ward layout

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to the safety of the ward layout are recorded in that part of this report.

Maintenance, cleanliness and infection control

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to the maintenance, cleanliness and infection control are recorded in that part of this report.

Clinic room and equipment

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to the clinic room and equipment are recorded in that part of this report.

Safe staffing

Nursing staff

Substance misuse services were provided on the same ward as acute wards for adults of working age. Detailed findings in relation to nursing staff are recorded in that part of this report. In addition, there were sufficient numbers of staff to manage detoxification and medical emergencies. All permanent staff had received training in medically assisted withdrawal and knew what to do in an emergency.

Medical staff

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to medical staff are recorded in that part of this report.

Mandatory training

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to mandatory training are recorded in that part of this report.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff did a risk assessment of every patient on admission and updated it regularly, including after any incident. We reviewed the records of three patients admitted to the addictions treatment programme. Each record showed that a risk assessment had been completed on the day of admission. All patients presented some risk of using and supplying drugs. Other risks included self-neglect and self-harm. Assessments were updated at least once a week.

Staff used a recognised risk assessment tool. Staff recorded risk assessments on a specific form. Staff stored these assessments on the electronic patient record.

Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as the risk associated with the withdrawal from drugs

or alcohol. For example, nurses assessed patients for signs of withdrawal, using a nationally recognised rating scale, four times each day. This included recording patients' temperature, blood pressure, pulse and respiration.

Staff identified and responded to changing risks to, or posed by, patients. For example, staff reduced the risk rating for one patient from medium to low after they showed signs of improvements and reported feeling much better.

Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching patients or their bedrooms. Observation levels were based on the level of risk that each patient presented. If staff suspected a patient of bringing drugs or alcohol onto the ward they asked the patient for agreement to search their bags and their room. If the patient did not agree to this, staff escalated the matter to the consultant psychiatrist.

Staff applied blanket restrictions on patients' freedom only when justified. When patients began the addictions treatment programme they were asked to sign a contract. In signing this contract, patients agreed not to leave the hospital for the first seven days of treatment. Patients were also required to attend a structured programme of therapeutic activities. Staff explained these rules to patients prior to admission to ensure that patients were aware of what they were agreeing to when they were admitted.

Staff did not implement a smoke-free policy. Staff and patients were able to smoke in the hospital garden. Patients were required to sign a contract to confirm that they would not smoke in the hospital building.

Use of restrictive interventions

There were no restrictive interventions on patients using the inpatient substance misuse service in the 12 months before the inspection:

Safeguarding

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to safeguarding are recorded in that part of this report.

Staff access to essential information

All information needed to deliver patient care was not always available to all relevant staff (including agency staff) when they needed it. We reviewed the records for four patients who had been admitted for medically assisted withdrawal from alcohol or opiates. On three of these records, there was no evidence of a pre-admission assessment. Staff explained that patients were seen by their consultant prior to admission but the letters of referral had not been uploaded to the electronic patient record. This meant that staff may not have been aware of important information relating to the reasons for the admission.

Medicines management

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to medicines management are recorded in that part of this report.

Track record on safety

Substance misuse services were provided on the same ward as acute wards for adults of working age. Details of serious incidents on Lower Court are recorded in that part of this report.

Reporting incidents and learning from when things go wrong

Substance misuse services were provided on the same ward as acute wards for adults of working age. General information about incidents on Lower Court are recorded in that part of this report. The following details relate specifically to substance misuse services.

Staff received feedback from investigation of incidents, both internal and external to the service. After the Care Quality Commission raised concerns about medically assisted withdrawals at another Priory hospital, the service conducted a comprehensive review of this area of its services. The service had introduced new processes, including comprehensive risk assessment and the use of recognised rating scales to measure symptoms of withdrawal. All permanent staff had received training in the new approach to medically assisted withdrawal.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

Substance misuse/detoxification

Good

Assessment of needs and planning of care

We reviewed three care records in full. All these records showed good practice in relation to holistic, evidence based assessments.

Staff completed a comprehensive mental health assessment of patients in a timely manner at, or soon after, admission. Doctors recorded a detailed history of each patients use of drugs and alcohol, including details of any previous admissions for medically assisted withdrawal and rehabilitation. Doctors also recorded details of the patient's family background and social circumstances.

Staff assessed patients' physical health needs in a timely manner after admission. On the day of admission, staff recorded each patient's body mass index, blood pressure, temperature, pulse and respiration. Staff also recorded any long-term physical illnesses, such as diabetes, and listed the medication each patient had been taking prior to admission.

Staff developed care plans that met the needs identified during assessments. Care plans were written in relation to specific aspects of the patients' care and treatment, such as care plans for 'keeping safe', keeping well' and 'keeping healthy'. Care plans included details of how staff and patients would address the specific difficulties and anxieties experienced during rehabilitation. The care plan for a patient with diabetes included details of the referral to a dietician and details of how staff would support the patient to make healthy choices in relation to food.

Care plans were personalised, holistic and recovery-oriented. All care plans were specific to the individual needs and circumstances of the patients. Care plans also included an account of the patient's views.

Best practice in treatment and care

We reviewed the full care records for three patients. We also reviewed the records specifically relating to medically assisted withdrawal for five patients.

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. The service provided a programme of medically assisted withdrawal (MAW) from alcohol, opiates or stimulants. Consultant psychiatrists referred all patients to the service after completing an assessment. On admission, patients seeking to withdraw from alcohol were asked to complete a severity of alcohol dependency questionnaire. The ward doctor assessed patients shortly after their admission. This assessment included details of recent levels of drug or alcohol consumption, as well as details of the patient's medical history, social circumstances and an assessment of the patient's mental capacity. The doctor prescribed medication. The amount of medication was reduced over five to ten days. If patients were intoxicated on admission, staff delayed the first dose of medication until the level of intoxication had sufficiently reduced. Staff completed physical observations to measure the symptoms of withdrawal four times each day. National guidance states that treatment should involve offering a range of psychosocial treatment and support interventions, as well as prescribing medication. National guidance also states there is a strong evidence base for therapeutic interventions involving the patient's partner and family. The addictions treatment programme provided a structured 28-day programme of therapy. Patients attended groups to discuss putting therapy into practice, skills for everyday life, self-awareness, mindfulness, and managing stress. Psychologists facilitated group sessions on dialectical behavioural therapy, cognitive behavioural therapy and anxiety management. The service provided individual therapy sessions to address mental disorders that can drive addictions, such as depression, stress, anxiety and eating disorders. The service also provided a treatment programme for couples and a family programme that included access to a family support group. The service also provided aftercare for 12 months after patients completed the addictions treatment programme.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. All patients were offered screening for HIV and blood borne viruses on admission.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. Patients with specific needs in relation to food and drink were referred to a dietician. The dietician included information about the patient's food and drink intake in the 'staying healthy' care plan.

Good

Substance misuse/detoxification

Staff supported patients to live healthier lives. The service facilitated walks, yoga and exercise groups for patients. Patients could also attend a nearby gym and participate in sessions with a personal trainer. However, the service was not smoke-free. Staff and patients were able to smoke in the hospital garden.

Staff used recognised rating scales to assess and record severity and outcomes. Staff recorded a score for each patient using the Health of the Nation Outcome Scale (HoNOS) when the patient was admitted and discharged to measure the improvement in the patient's health.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. As well as doctors and nurses, the MDT included clinical psychologists, psychology assistants and specialist addictions therapists.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. One of the doctors who referred patients to the service was on the General Medical Council specialist register for substance misuse psychiatry.

Substance misuse services were provided on the same ward as acute wards for adults of working age. Information about induction, supervision, appraisal, managing performance and team meetings are recorded in that part of the report.

Managers ensured that staff received the necessary specialist training for their roles. The service provided a training programme on substance misuse. All permanent staff on the ward had attended this programme. Bank and agency staff planned to attend the next course shortly after the inspection. Staff who had completed the course were required to complete a competency checklist to show they had understand the information that had been presented during the course.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings. Each consultant held a ward round once a week. Ward rounds were attended by a nurse from the ward and a member of staff from the therapy team. During each ward round, the consultant and the staff met with the patient, reviewed the patient's progress and discussed any plans for the patient's discharge.

Staff shared information about patients at effective handover meetings within the team. Nursing staff held handover meetings at the start of each shift. Notes from these meetings were recorded on the electronic patient record.

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

The addictions treatment programme did not accept patients who were detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Doctors completed an assessment of each patient's capacity to consent to admission, treatment and participation in the addictions treatment programme when patients were admitted to the hospital. Patients were only admitted to the programme if they had capacity to consent to do so.

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Patient's on the addictions treatment programme spoke positively about the care and treatment they had received. Patients said they were well supported by all the staff, and that some staff in particular had supported them to think differently about their addictions. Patients said they valued the structure and routines of the programme. Patients who were about to complete the programme said they felt the programme had been successful in helping them to overcome their addiction.

Other information about patient experiences on Lower Court is recorded in the 'Acute ward for adults of working age' section of this report.

Involvement in care

Involvement of patients

Information about patient involvement on Lower Court is recorded in the 'Acute ward for adults of working age' section of this report.

Good

Substance misuse/detoxification

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. The service provided specific therapies for families and couples.

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Good

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to responsive are recorded in that part of this report.

Are substance misuse/detoxification services well-led?

Good

Substance misuse services were provided on the same ward as acute wards for adults of working age. Our findings in relation to well-led are recorded in that part of this report.

Outstanding practice and areas for improvement

Outstanding practice

The hospital encouraged patients to be involved in reviewing the performance of the services and making plans for developments at the hospital. At least one patient attended monthly clinical governance meetings in the role of a patients' representative.

Areas for improvement

Action the provider MUST take to improve

- The service must ensure that staff always undertake physical observations as required for patients and record these observation in a consistent manner.

Action the provider SHOULD take to improve

- The provider should ensure that staff complete mandatory training in safeguarding adults and children.
- The service should ensure there are sufficient staff permanently employed to guarantee consistency in service delivery.
- The service should ensure that steps are taken to improve the morale of staff on the eating disorder wards.
- The service should ensure that incident reviews are carried out in a timely manner and that all learning from incidents reviews is shared with staff at regular team meetings.
- The service should ensure that all staff receive supervision in accordance with the hospital's policy and that staff supervision records include relevant information on direct work with patients.
- The service should ensure that the hospital provides a smoke-free environment.
- The service should ensure that staff have access to pre-admission assessments for patients admitted for medically assisted withdrawal.
- The provider should ensure there are enough alarms for staff and visitors to the eating disorder wards.
- The provider should ensure that staff on the wards have easily available information to confirm that equipment had been properly serviced and calibrated before they use it.
- The provider should ensure that staff in the eating disorders service support patients through regular one to one meetings.
- The service should ensure that it responds to concerns raised by patients and implements any action plan developed to address patients' concerns.
- The service should ensure that all staff are training and confident in using the electronic incident reporting system.
- The provider should do more to separate the male and female sleeping areas in order to increase patient's privacy and dignity.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service did not consistently carry out and record physical observations of patients.** Regulation 12(2)(b)