

Abbey House

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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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 Abbey House as requires improvement because:

- Medicines were not always being stored safely and recorded appropriately, in line with the provider's policy and procedures.
- Staff were not being supervised in line with the provider's policy and guidance.
- Maintenance of equipment required to maintain patient's independence was not provided in a timely manner.


However,

- The service provided safe care. The ward environment was safe and clean. The service had adequate staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

- The ward team included the full range of specialists required to meet the needs of patients on the ward. Managers ensured that these staff received training and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason, or beyond their control such suitable placements being sought and funded.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures generally ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working-age adults	Requires improvement 	

Summary of findings

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Requires improvement 

Abbey House

Services we looked at

Long stay or rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to Abbey House

Abbey House is owned and operated by the Priory Group. The service opened in 2008 and specialised in the care and treatment of men with a mental illness. They classed themselves as a longer-term high dependency rehabilitation unit. Abbey house is a 25-bedded unit that provides short- and long-term rehabilitation in a locked environment. The site also housed five semi-independent flats providing step down support to patients before they move on from hospital. At the time of our inspection, there were 11 patients in the main hospital and two in the semi-independent flats. Of these, one patient was there on a voluntary basis. The hospital director was the registered manager at the site. We last inspected Abbey

House in September 2017 and rated it good overall. We rated safe as requires improvement and good for effective, caring, responsive and well led. We conducted an follow up inspection in April 2018 and found the service to have complied with our previous breaches of regulation.

Abbey House is registered for the following activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

Our inspection team

The team that inspected the service comprised four CQC inspectors.

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 the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service

- spoke with the registered manager
- spoke with six other staff members; including doctors, nurses, psychologist and health care assistants
- received feedback about the service from three care co-ordinators or commissioners;
- spoke with an independent advocate
- attended and observed two multi-disciplinary meetings
- Looked at seven care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Patients were generally positive about the care and treatment they received and felt involved in all decision making.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Medicines were not always being stored safely and administered and recorded appropriately, in line with the provider's policy and procedures. Staff did not always act upon results of the audits.
- Maintenance of equipment required to maintain patient's independence was not provided in a timely manner.

However,

- The ward was safe, clean, well equipped, well furnished, and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and were working to provide the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Requires improvement



Are services effective?

We rated effective as requires improvement because:

Requires improvement



Summary of this inspection

- Staff were not being supervised regularly, in line with the provider's policy and guidance.

However,

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to and had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

We rated caring as good because:

Good



Summary of this inspection

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

Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, most patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Good



Summary of this inspection

- Our findings from the other key questions demonstrated that governance processes generally operated effectively at ward level and that performance and risk were managed well. However, medicines omissions from audits were not always acted upon.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Overview of ratings

Our ratings for this location are:






	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement

Notes

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



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

Are long stay or rehabilitation mental health wards for working-age adults safe?

Requires improvement



Safe and clean environment

The ward was safe, clean, well equipped, well furnished, and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Abbey House was a converted period style house set out over two levels. The self-contained flats were across a courtyard and had been built for that purpose. The layout was not possible to always be observed. Patient bedrooms were upstairs, but staff had mitigated blind spots by the placement of concave mirrors.

Abbey House only admitted male patients, therefore mixed sex accommodation guidelines were not applicable.

Staff knew about any potential ligature anchor points and reduced the risks to keep patients safe. Staff had completed a ligature risk assessment in January 2019.

Staff had easy access to alarms and patients had easy access to nurse call systems, which were in all patient accessible rooms throughout the service.

Staff made sure cleaning records were up to date and the premises were clean.

Staff followed infection control policy, including handwashing. Hand sanitizer gels were placed throughout the service for staff and patients to use.

The service did not have a seclusion room. Staff did not seclude patients within their bedrooms.

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained and cleaned equipment. However, the patient's washing machine and coffee machine had both been broken for several weeks.

Safe staffing

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

Staffing establishment levels for the service were as follows: Charge nurses – two, Qualified nurses – five and healthcare assistants – 8.5 whole time equivalent. There were vacancies for one charge nurse and three qualified nurses. The service covered these vacancies with regular bank staff, staff overtime and block bookings with agency staff. The vacancies were being advertised when we inspected. The manager said shifts were being covered and the service was rarely short of staff. We found that there were enough staff on inspection.

The staffing establishment also included a ward manager which was vacant. The hospital manager was assessing the need for this role, once the other vacancies had been filled.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



Managers limited their use of bank and agency staff and requested staff familiar with the service and made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Levels of sickness were low. The sickness rate for this service was 2% when we inspected.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Senior staff could adjust staffing levels according to the needs of the patients.

Patients had keyworker sessions weekly and one to one sessions daily with other staff.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Managers could employ locums when they needed additional medical cover.

Staff had completed and kept up to date with their mandatory training. The provider set a target of 90% for completion of mandatory and statutory training. The compliance for mandatory and statutory training courses at April 2019 was 92%. Of the training courses two failed to achieve the provider target. This was for basic life support with a defibrillator, which had increased to 80% when we inspected, and leading health and safety for managers which required one person to complete. They were booked onto the course.

The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and were working to provide the least restrictive environment possible to

facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. Staff knew about any risks to each patient and acted to prevent or reduce risks, responding to any changes in risks to, or posed by, patients. Staff supported patients to manage their own risk and we saw positive risk taking being discussed with patients.

Staff followed procedures to minimise risks where they could not easily observe patients, such as regular presence checks and environmental safety checks.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Levels of restrictive interventions had reduced since our last inspection. Patients were unable to keep razors in their rooms because this was a restricted item as stated within the Priory's policy. Posters were displayed across the site to inform patients of banned and restricted items.

The Priory Group had recently made the decision to remove wardrobe doors from all its sites following incidents of self-harm in some services. The service was in the process of removing the doors in the main house, but they would remain in the five flats.

The service locked the dining room when not in use. Staff said it could be opened if patients requested it.

Staff participated in the provider's restrictive interventions reduction programme, which aimed to meet best practice standards. This included an introduction on 'safe wards' when staff undertook prevention and management of violence and aggression training, and training on positive behavioural support care planning. Safe wards was a strategy used by staff regarding their verbal interactions with patients. The implementation of Safe Wards across wards was a top five quality improvement standard for the provider.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



when these failed and when necessary to keep the patient or others safe. The site had two safety pods which were used in restraint and intended to reduce risk and maintain a person's safety.

This service had 18 incidences of restraint between August 2018 and March 2019. Of these, one was in the prone/face down position.

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

Staff followed national institute for health and care excellence guidance when using rapid tranquilisation.

There had been zero instances of long-term segregation over the 12-month reporting period.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. The service had trained two designated safeguarding officers, who could provide support and advice to other staff.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. Children and families could access the family room through a separate entrance, so they did not have to go through the ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There had been zero safeguarding referrals over the 12-month reporting period.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

The service used an electronic patient notes system. Patient notes were comprehensive, and all staff could access them easily. Records were kept securely.

Medicines management

The service used a third-party provider to monitor and audit medicines procedures.

Staff followed systems and processes when safely prescribing medicines. Doctors had completed patient prescription charts fully.

We reviewed eleven patient prescription charts. We found some medicines recording errors on four patient prescription charts. Four charts had omissions when recording whether the patient had taken their medicine and were not coded appropriately to show the patient had refused. Three charts did have information stating they had refused elsewhere on the chart in written form, however one chart did not. This chart showed the patient had potentially missed 10 doses across three medicines, including an anti-psychotic, with no written information elsewhere on the chart. The nurse in charge told us this patient had been self-administering with some nursing support, however nurses often got distracted and forgot to record when the patient had taken their medicines. The weekly audit by the pharmacist had picked up these omissions however staff had not rectified their errors. This meant staff could not be sure that the patient had taken their medications or not.

We saw that medicines were generally safely stored within locked cupboards and were appropriately organised. However, we opened one cupboard which was unlocked, which contained some liquid medicines, including a full

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



bottle of diazepam. Diazepam is a benzodiazepine which has the potential to be abused and should be stored within a locked cupboard. We reported this to the hospital director on the day of inspection.

Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.

Staff followed current national practice to check patients had the correct medicines.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to national institute of health and care excellence guidance. A medication side effects scale was used to determine frequency and severity of potential side effects.

Track record on safety

Between April 18 and January 19 there were 15 serious incidents reported by this service. Of the total number of incidents reported, the most common type of incident was patient absent without leave with 13.

Reporting incidents and learning from when things go wrong

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

All staff knew what incidents to report and how to report them. Staff reported all incidents that they should report.

Staff reported serious incidents clearly and in line with the provider's policy. The service had no never events on the ward.

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.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. The admission criteria had been reviewed and strengthened because of previous inappropriate admissions which had resulted in serious incidents. Staff now assessed potential patients in pairs and reported back to the multidisciplinary team, where decisions were made as a team.

Managers shared learning with their staff about never events that happened elsewhere.

Are long stay or rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Requires improvement



Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. The Priory Group had introduced four care plans which encompassed patients' needs. These were keeping safe, keeping healthy, keeping well and keeping connected. Staff also completed a positive behavioural support plan.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



Staff regularly reviewed and updated care plans when patient's needs changed.

Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service.

Staff delivered care in line with best practice and national guidance. We saw care plans referred to National Institute for Health and Care Excellence guidance and followed their recommendations.

Staff identified patients' physical health needs and recorded them in their care plans. Staff used monitoring tools such as the national early warning score and the malnutrition universal scoring tool to assess and record patients' physical and nutritional needs.

Staff made sure patients had access to physical health care, including specialists as required. A GP attended the service weekly, and staff supported patients when they needed to attend appointments with other healthcare specialists.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients to live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service used Dialog, Cansas and HoNOS, which measured treatment and quality of life outcomes.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. However, not all issues highlighted

by the pharmacy provider had been actioned. The service took part in monthly quality walkarounds, audits and had input from the quality improvement lead to monitor results and associated action plans and initiatives.

Skilled staff to deliver care

The ward team included the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. This included nurses, health care assistants, doctors, occupational therapists, an occupational therapist assistant, and a psychologist.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. This included bank and agency workers.

Managers supported staff through regular, constructive appraisals of their work. All staff had received an appraisal in the last 12 months prior to inspection.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. However, supervision compliance was at 64%. The provider's target rate was 85%. At the time of inspection, only three staff were able to provide clinical supervision, due to a vacant charge nurse post. The service had introduced weekly reflective practice sessions led by the psychologist. Staff said they found these helpful.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

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 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with, training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

As of April 2019, 96% of the workforce in this service had received training in the Mental Health Act. The provider stated that this training is mandatory for all inpatient staff.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with, training in the Mental Capacity Act and had a good understanding of at least the five principles.

As of April 2019, 96% of the workforce in this service had received training in the Mental Capacity Act. The provider stated that this training is mandatory for all inpatient staff.

There were zero Deprivations of Liberty safeguards applications made in the last 12 months prior to inspection.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Are long stay or rehabilitation mental health wards for working-age adults caring?

Good



Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We spoke with four patients. Staff were discreet, respectful, and responsive when caring for patients.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient. Staff listened to patients and considered their needs when planning care. We saw a patient asking for leave, and staff were happy to facilitate this, and promoted positive risk taking.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to an advocate.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. We saw this reflected within the patient care record and patients told us they had copies of their care plans.

Staff made sure patients understood their care and treatment. We saw this within patient care meetings we attended.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients had an opportunity to attend a weekly community meeting where they could make suggestions and discuss issues, however not all patients did so. There was a patient representative in the service who gave other patients a voice but they did not chair this meeting. Staff gave us examples of when changes had been made following patient feedback. However, we reviewed six sets of community meetings and the same issues were raised without being resolved, in particular equipment not being replaced or mended in a reasonable timeframe.

An advocate was available to speak with patients regularly.

Involvement of families and carers

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers.

Staff helped families to give feedback on the service.

Are long stay or rehabilitation mental health wards for working-age adults responsive to people's needs?
(for example, to feedback?)

Good



Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Bed management

On the day of inspection, the service had 11 patients. The service admitted patients from across the country and most of their referrals came from forensic mental health services.

Managers reported that their admission process had previously not been as robust as it could have been, and patients had been admitted inappropriately, two of which had caused serious incidents. Following a review, the service had strengthened its admission criteria and processes to ensure a collaborative multidisciplinary approach decision making process took place for all new referrals and assessments. This had recently been implemented and managers would be reviewing its effectiveness in due course.

Abbey House provided information for average length of stay for the period March 2018 to February 2019 for patients discharged during this period, which was 1520 days.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. However, there were two patients who had been there for many years, nine years and 12 years respectively. Their discharge had been delayed as appropriate placements

had not been found. Managers monitored the number of delayed discharges and worked closely with commissioners to move people onto appropriate placements.

Managers and staff worked to make sure they did not discharge patients before they were ready. Staff did not move or discharge patients at night or very early in the morning.

Staff carefully planned patients' discharge and worked with external stakeholders and clinicians to make sure this went well. We attended a discharge planning meeting and saw good liaison and communication with the ongoing care team, commissioners and the patient. The team appeared to be discharge orientated and planned for discharge at the beginning of their admission.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the ward/ service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

The food was of a good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions. Each room had a wardrobe and lockable drawer. However, the provider was in the process of removing the wardrobe doors due to incidents at other services within the Priory group.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private. Families could access the room from an alternative door, so they did not have to walk through the ward environment.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



Patients could make phone calls in private.

The service had an outside space that patients could access easily. It was located in a lovely rural spot, and patients had the benefit of spacious grounds to walk, sit or play football.

A range of activities were available, and patients were encouraged to attend and participate. Many activities supported patients to improve and maintain their living skills such as a gardening group, cooking, shopping and budgeting. There were lots of informal activities patients could also attend. A day trip to the seaside was planned and a visit by a therapy dog had been organised.

Patients could make their own hot drinks and snacks and were not dependent on staff. The coffee machine was out of order, however staff ensured alternatives were available, so patients did not go without.

The service offered a variety of good quality food.

The environment looked tired and worn in places, such as the double glazing had plants growing between the panes. One of the priorities for the service was for the environment to be over hauled. Some areas such as the patients lounge, and conservatory had recently been redecorated to a high standard.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. One staff member was employed to support patients to learn how to do banking, apply for passports and bank accounts. Patients were able to attend activities in the community. The service had two vehicles to take people out.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. A lift was available however it was out of order on the day we inspected. There were no patients with disabilities when we inspected although one patient preferred to use the lift.

Staff and patients told us they had been waiting 12 weeks for the washing machine and the coffee machine to be repaired. Patients told us they were annoyed this was taking so long. Managers told us a repair man had been out several times, however they remained broken.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The menu was varied, and the chef met with patients to discuss their preferences.

Patients had access to spiritual, religious and cultural support when required.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

The service received a low number of complaints reflecting that patients were satisfied with their care. This service

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

received seven complaints between April 2018 to February 2019. None of these were upheld, three were partially upheld and four was not upheld. None were referred to the Ombudsman.

Managers investigated complaints and identified themes. Staff and patients received feedback from managers after investigations.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

The service received compliments that reflected patients were satisfied with their care. This service received four compliments during the last 12 months from March 2018 to February 2019.

Are long stay or rehabilitation mental health wards for working-age adults well-led?

Good



Leadership

The manager of the service had only been in post for five months prior to inspection. However, she had previously worked as a manager elsewhere and had the necessary experience, skills and knowledge of working with the patient group to provide clinical leadership to other staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Leaders were visible in the service and approachable for patients and staff.

Leadership development opportunities were available, including opportunities for staff below manager level.

Vision and strategy

The Priory Group's vision and values were: We put safety first, We put the people we care for at the centre of everything we do, We take pride in what we do and celebrate success, We value our people, Your voice matters, We saw the organisations values and behaviours displayed across the service and staff said they were aware of them.

Staff had the opportunity to contribute to discussions about the service. Staff discussed their ideas to make improvements to the service with managers and we heard

examples of when ideas had been implemented. Staff attended a 'Your say' forum, where ideas or issues were discussed. The manager met with the staff representative for feedback.

Managers could describe how they were working to deliver high quality care within budgets available and regularly discussed and made plans with senior leaders within the organisation.

Culture

Staff told us they felt respected, supported and valued. They felt that the service recognised their contributions. The site had recently implemented the ACE awards which stood for achieving collaborative excellence. Staff and patients could nominate anyone they thought embraced these values. The winner received a voucher and recognition for their hard work. Staff we spoke with were positive about the awards. The idea had been suggested in the 'Your say' forum. The Priory Group recognised highly performing individuals at the national START awards.

Staff met regularly with their managers to discuss performance and training needs, which included career progression.

Staff could access an occupational health department when needed. Staff sickness was low at 2%.

Managers monitored staff morale and job satisfaction through supervision, team meetings and informal discussions with staff. Managers and staff told us morale had been poor due to a previously unstable patient group, and lots of staff had left and there were several staff vacancies. The service had undergone many changes in the last six months, however most staff were embracing the change and could see improvements being made. However, staff worked together well and enjoyed working for the service.

All staff completed mandatory equality and diversity training.

Staff sought guidance and support from other disciplines within the team when they needed it and respected each other's roles.

Governance

Long stay or rehabilitation mental health wards for working age adults

Requires improvement



There was a clear framework of how information would be cascaded down from the board to all staff. Staff received essential information such as learning from incidents, complaints and changes to the service through team meetings and supervision.

Senior staff attended the clinical governance group to analyse lessons learnt and implement changes across the service to reduce similar incidents occurring elsewhere.

Staff undertook audits such as quality walkarounds and medicines procedures. The Priory Group set quality improvement initiatives which are monitored through audits and supported by the site's quality improvement lead. The audits were enough to provide assurance although we found that results were not always acted upon, such as medicine chart omissions.

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

The service had a whistle blowing policy in place.

Management of risk, issues and performance

There was a clear quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The service met regularly with their senior leadership team to scrutinise their performance against local key performance indicators.

The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected. These included risk registers, contingency plans and various policies, procedures and protocols.

Staff maintained and had access to the risk register at a local level which fed into the organisation's risk register. Staff could escalate concerns when required and their concerns matched those on the risk register.

The service anticipated and planned for emergencies and policies and procedures were in place to ensure the continuity of the service during adverse conditions or other disruptions.

Information management

Managers collected data from the electronic systems that staff used to record all patient information. Staff had access to the equipment and information technology needed to do their work.

The electronic patient notes system was comprehensive and included confidentiality of patient records. Staff told us they found it easy to use and was secure.

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 and was in an accessible format. Managers collected information to share with their senior leaders and commissioners.

Data and notifications were submitted to external bodies and internal departments as required.

Engagement

Staff, patients and carers had access to up to date information about the work of the provider and the services they used. This was accessible through a staff intranet and a website dedicated to the service.

Patients and carers had opportunities to give feedback on the service they received. Patients attended a weekly community meeting and information was cascaded back to staff. Carers could give feedback to staff.

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

Patients and carers were consulted on any changes being made to the service.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.

Abbey House had not participated in an accreditation scheme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve
A rating of requires improvement will result in an action the provider MUST take.

Action the provider MUST take to improve

The service MUST ensure that medicines are appropriately stored and recorded following administration, in line with the provider's policies and procedures.

The service MUST ensure staff are supervised monthly in line with the provider's requirements.

Action the provider SHOULD take to improve

The service SHOULD ensure that equipment used by patient's is fixed and maintained in a timely manner.
Regulation 15 (1) (e)

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safe Care and Treatment</p> <p>The service did not ensure that medicines were always being appropriately stored or recorded following administration adequately, in line with the provider's policies and procedures.</p> <p>This was a breach of regulation 12 (2) (g)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Staffing</p> <p>Staff were not being supervised monthly, in line with the providers policies and procedures.</p> <p>This was a breach of regulation 18 (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

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.