

Priory Wellbeing Centre - Canterbury







Quality Report

92b Broad Street
Canterbury
Kent
CT1 2LU
Tel: 01227452171
Website: www.priorygroup.com

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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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive?	Good		
Are services well-led?	Good		

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

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

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

Summary of findings

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

Overall summary

We rated the Priory Wellbeing Centre Canterbury as good because:

- Patients said that the staff were kind, caring and compassionate. They were very positive about the support, therapy and treatment they had been receiving. Staff encouraged patients to give feedback about the service.
- Staff used a range of appropriate screening and assessment tools to help assess patients' mental health. These were undertaken to monitor how effective treatment had been in helping the patient recover. The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence. There were effective handovers and channels of communication between team members. The team had good links with other services within mental health pathways. Staff had effective working relationships with professionals and agencies external to the organisation.
- The service was able to assess patients quickly. There were no waiting lists for either referral to assessment or from assessment to commencement of therapy or treatment. Evening appointments were available four days each week and a Saturday morning clinic was also available for those patients at work, college or with other commitments during the day.
- The centre was clean, well maintained and staff carried out regular environmental audits. The consulting rooms, reception and waiting rooms were

soundproofed to maintain confidentiality. The waiting area was spacious, well furnished, with availability of hot and cold beverages for patients and visitors.

- The service was well-led and staff at the centre had systems and procedures in place to ensure that the premises were safe and clean. There were enough staff available who were well trained and supervised regularly. Any incidents were investigated promptly and recommendations had been implemented following any lessons learnt from incident investigations, complaints and safeguarding alerts.
- Staff felt valued and listened to, which gave them more confidence to contribute new ideas. Staff told us they felt proud about working for the organisation and they were motivated and passionate about providing care and treatment for patients to a high standard.

However:

- Out of 11 patients' care records, two had no risk assessment documented and five risk assessments had not been updated according to the provider's policy. In addition, patients did not have any crisis or contingency plans documented. A requirement notice was issued in relation to the above. See 'Action we have told the provider to take' section for more information.
- Four patient care plans were not up to date in line with the provider's record keeping policy.
- There was no documentation in the electronic care records to show that patients had been involved in discussions about their treatment of therapy or that patients had received a copy of their care plan.

Summary of findings

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Good



Priory Wellbeing Centre - Canterbury

Services we looked at

Community-based mental health services for adults of working age.

Summary of this inspection

Our inspection team

The team was comprised: one CQC inspector and three specialist advisors, all experienced in both adult and children's' mental health services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection, the team:

- visited the location from which the service is provided
- looked at the quality of the environment

- spoke with 12 patients who currently use the service and three of their family members
- received three feedback forms from patients who use the service
- spoke with the registered manager, service director and group associate medical director
- spoke with seven other staff members, including a receptionist, two therapists, two doctors and two psychologists
- looked at care records of 11 patients who used the service
- looked at a range of policies, procedures and other documents related to the running of the service.

Information about Priory Wellbeing Centre - Canterbury

The Priory Wellbeing Centre Canterbury, provides therapy and treatment for a wide range of mental health conditions from a property located in the city centre. It offers outpatient services, designed to give patients help and support for a wide range of mental health difficulties, including anxiety, depression, psychosis, obsessive compulsory disorder, eating disorders, post-traumatic stress disorder, bereavements, and relationship

difficulties. The service is able to offer treatment to adults, children and adolescents. The service also has close working links with the Hayes Grove Priory Hospital Kent, offering access to more specialist or intensive services if required. Patients are either self funding their treatment and therapy or funded by their insurance company.

What people who use the service say

We spoke with 12 patients who currently used the service and three of their family members, in addition to receiving three comment cards from patients. All of the

patients we spoke with were full of praise for the care, therapy and treatment they were receiving at the centre. Patients said, without exception, that the staff were kind,

Summary of this inspection

caring and compassionate. Patients were very positive about the support, therapy and treatment they had been receiving and all of them said they were treated with respect and found staff to be particularly supportive and helpful. All of the feedback given commended individual staff highly and gave examples of how they had been cared for and assisted towards their recovery. Patients remarked that their lives had been completely

transformed for the better by the interventions and therapy delivered by staff at the centre. Patients told us staff were very committed to providing care and treatment to the highest of standards for them. Administrative staff were also praised highly by the patients we spoke with, particularly in regards to their helpfulness, professionalism, discretion and approachability.

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:

- Out of 11 patients' care records, two had no risk assessment documented and five risk assessments had not been updated according to the provider's policy. In addition, patients did not have any crisis or contingency plans documented. A requirement notice was issued in relation to the above. See 'Action we have told the provider to take' section for more information.

However:

- The centre was clean, well maintained and staff carried out regular environmental audits.
- Staff caseloads were manageable and patients were seen promptly after referral and then went on to receive regular, scheduled treatment from their allocated therapist or doctor following assessment.
- Staff responded promptly and effectively in response to identified deterioration in a patient's mental health.
- Staff showed a good understanding and knowledge of safeguarding procedures and they had all received training.
- Staff knew how to report incidents and which incidents should be reported. Staff were able to tell us about lessons learnt following incidents.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff used a range of appropriate screening and assessment tools to help assess patients' mental health. These were undertaken at the beginning, during and end of the treatment sessions to monitor how effective treatment had been in helping the patient recover.
- The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence. Examples included patients' involvement in their care planning and the range of psychological therapies offered.
- In the most recent patient survey, all patients, without exception, described their therapy and treatment as very helpful or excellent.
- There was effective handover and channels of communication between team members.

Good



Summary of this inspection

- The team had good links with other services within mental health pathways. Staff had effective working relationships with professionals and agencies external to the organisation.

However:

- Whilst patients had care plans in place, four out of 11 we reviewed were not up to date. This was not in line with the provider's record keeping policy.

Are services caring?

We rated caring as good because:

- Patients said, without exception, that the staff were kind, caring and compassionate. Patients were very positive about the support, therapy and treatment they had been receiving and all of them said they were treated with respect and found staff to be particularly supportive and helpful.
- In the most recent patient survey in May 2018, all patients said the staff were courteous, had a highly positive attitude and were always respectful towards them.
- Staff supported patients to understand and manage their care, therapy and treatment. This included directing them to other services when appropriate.
- Patients said they were actively involved at looking at treatment and therapy options with staff and that they were involved continuously in reviewing progress and setting goals.
- Staff encouraged patients to give feedback about the service.

However:

- There was no documentation in the electronic care records to show that patients had been involved in discussions about their treatment of therapy or that patients had received a copy of their care plan.

Good



Are services responsive?

We rated responsive as good because:

- The service was able to assess patients quickly. There were no waiting lists for either referral to assessment or from assessment to commencement of therapy or treatment.
- Evening appointments were available four days each week and a Saturday morning clinic was also available for those patients at work, at college or with other commitments during the day.
- All staff followed a protocol of making follow up contact with patients who did not attend appointments.

Good



Summary of this inspection

- The centre consulting rooms were soundproofed to maintain confidentiality. The reception area was enclosed and separate to the waiting room area, which again protected confidentiality. The waiting area was spacious, well furnished, with availability of hot and cold beverages for patients and visitors.
- All of the patients and carers we spoke with told us they were confident to raise any concerns or complaints and that they thought they would be listened to and their complaints taken seriously. Many patients said they would feel extremely confident to ring the centre manager if they had any concerns at all. Patients were given the opportunity to participate in an ongoing satisfaction survey, in addition to feeding back their experiences with their therapist or doctor.

Are services well-led?

We rated well-led as good because:

- All staff said they could raise issues with their manager if required and action would be taken.
- The provider's vision and values were on display in the centre. Staff understood the provider's vision and values, were positive about them and how they were applied in their work.
- There was an overarching audit plan for the centre to ensure any risks were managed and reduced. All staff were aware of the current top six risks affecting the service and the mitigation plans in place to reduce these risks.
- Staff felt valued and listened to, which gave them more confidence to contribute new ideas. Staff told us they felt proud about working for the organisation and they were motivated and passionate about providing care and treatment for patients to a high standard.
- Staff, patients and their carers had access to up to date information about the services offered by the provider. Regular and comprehensive communication was available. Feedback was sought from both staff and patients on a regular basis.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- All staff had undertaken Mental Capacity Act (MCA) training. There was a MCA policy in place and staff told us about the principles of the Act and how they applied to their patients.
- Staff were familiar with obtaining a patients' consent, although they commented that patients using this service had a high degree of autonomy to determine many if not all aspects of their daily lives, including consenting to their treatment and therapy plans.
- In records reviewed, key information was recorded at the first meeting as part of the patient's assessment. This included consent to treatment and consent to sharing information.
- Patients we spoke with said they had been asked by staff to give their consent and had consented to their therapy and treatment.

Overview of ratings

Our ratings for this location are:

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

Community-based mental health services for adults of working age

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

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

Requires improvement 

Safe and clean environment

- Access to the centre was through a staffed reception area with a comfortable waiting area. Staff carried out audits and risk assessments in the building to ensure the environment was safe, clean and tidy and that fixtures and fittings were provided to a good standard and were well maintained. The waiting area had hot and cold beverages available. All interview rooms were soundproofed well for confidentiality and each room had an alarm. There was no clinic room at the centre. In a patient survey carried out in the preceding two months, all patients said the centre was always clean.

Safe staffing

- There were seven permanent staff employed by the provider who were the centre manager, four administrators and two therapists. In the preceding year had been no staff sickness or turnover. The remaining therapists, psychologists and doctors who delivered the treatments were all sessional workers, each working different part time hours according to their own availability and hours worked for other employers such as the NHS. Staff caseloads were manageable and patients were seen promptly after referral and then went on to receive regular, scheduled treatment from their allocated therapist or doctor following assessment.
- Therapists and patients confirmed that the service was able to access a psychiatrist when needed.

- Training records confirmed that the permanent staff were up to date with their mandatory training. The sessional therapists and doctors were also up to date with training and were required to complete the provider's induction on starting working at the centre and mandatory training within six months of starting to work for them, such as safeguarding of adults and children at risk, risk assessment, and personal safety training. All staff spoken with were positive about the quality and amount of training they received.

Assessing and managing risk to patients and staff

- We looked at 11 patients' care records and found two had no risk assessment carried out and five risk assessments had not been updated according to the provider's policy which states a risk assessment should be carried out at initial assessment, prior to discharge and reviewed as a minimum, every sixth session. In addition we could not locate any crisis or contingency plans for the patients. A requirement notice was issued in relation to this. See 'Action we have told the provider to take' section for more information. Staff told us they shared risk appropriately with colleagues and discussed any particular risks with colleagues. Patients were given contact details for the helpline services, such as the NHS crisis resolution home treatment team, ChildLine and the Samaritans and other telephone support lines at the point of registering.
- We were given an example of how staff had responded promptly and effectively in response to identified deterioration in a patient's mental health. The course of action staff had taken included notifying appropriate health professionals in order to help safeguard a patient

Community-based mental health services for adults of working age

who had become particularly vulnerable. Staff had also taken appropriate steps to involve the patient fully, and to ensure they understood and accepted the steps taken.

- There was no waiting list, for either assessment or commencement of treatment at the time of our inspection. Therefore there were no current risks associated with patients awaiting either assessment and/or treatment. Staff said they would maintain contact with patients on waiting lists, if they had one, to ensure they could respond to any increase in risk or individual need. Staff could prioritise and bring forward assessments if the need had changed, or risk increased.
- Staff we spoke with showed a good understanding and knowledge of safeguarding procedures and they had all received training. The centre manager was the children's' and adult safeguarding lead. There were safeguarding processes in place for staff to report and record safeguarding concerns. There was a safeguarding folder, which contained relevant information about safeguarding, as well as the safeguarding incident report templates. There was a central overarching safeguarding register, which recorded all concerns raised, and any actions taken, for example, a referral to the local authority.
- There were clear policies and procedures in place for staff to safely use the building including a lone working policy which detailed how many staff were required to be onsite for the centre to be opened.

Track record on safety

- There had been two serious incidents in the preceding year involving patient deaths. Inquests were pending for both incidents.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report incidents and which incidents should be reported. Staff were able to tell us about lessons learnt following incidents. For example, this included reviewing and putting additional mitigation in place to ensure all consulting rooms and the waiting area were adequately soundproofed. Staff received feedback and learning from any incidents at monthly team business meetings and via email

communications from the centre manager. Staff had the opportunity to de-brief after an incident and were offered reflective feedback sessions as well as their own clinical supervision.

- The provider had a duty of candour policy to which staff adhered. This ensured that staff were open and transparent with those using services and their families and carers and kept them informed of any incidents that might have affected them. The duty of candour policy clearly set out the steps staff must take when informing others following an incident.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We looked at 11 individual care records, including for three young patients under the age of 18. Care plans were present although four were not up to date in line with the provider's record keeping policy. Referral information was available for all of the patients. Brief details following each session were recorded, including next steps to be taken in the therapy or treatment sessions. We saw examples of detailed assessment letters sent to the patients' GP and where medication had been prescribed this was clearly identified.
- Information relating to patients was stored securely and was accessible to staff when needed.

Best practice in treatment and care

- Staff used a range of appropriate screening and assessment tools to help assess patients' mental health. These were undertaken at the beginning, during and end of the treatment sessions to monitor how effective treatment had been in helping the patient recover. For example, the patient health questionnaire PHQ-9 was used for screening, diagnosing, monitoring and measuring the severity of depression; and GAD-7, a self-reported questionnaire, was used for screening and measuring the severity of generalized anxiety disorder.

Community-based mental health services for adults of working age

- There were appropriate measurement tools in place for children and young patients. For example, the 'Beck Youth Inventories of emotional and social Impairment' was used. This is an assessment and outcome measurement tool used routinely to score the behaviour, impairments, symptoms and social functioning of children and young patients with mental health problems.
- The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence. These included cognitive behavioural therapy, dialectical behaviour therapy, eye movement desensitisation and reprocessing, psychotherapy, family and systemic psychotherapy and mindfulness. In the most recent patient survey, all patients, without exception, described their therapy and treatment as very helpful or excellent.
- Patients we spoke with told us how they had been encouraged and supported fully to maintain their employment and/or education during therapy and treatment.
- Staff and patients said their physical health needs were dealt with mainly via the patients' GP, however, we did see, where need had been identified, some care plans on physical health care.
- The centre had close working arrangements with the provider's nearest hospital, Hayes Grove. The manager attended these meetings in person quarterly, submitted written governance reports every month and received copies of minutes and supporting documents. The Hospital Director visited the Wellbeing Centre quarterly as a minimum, and had weekly conference calls with the manager in order to discuss any operational issues, quality concerns or other matters. The manager also had direct access to the hospital director if needed in the event of an incident or urgent matter. In addition peer audits were arranged by clinicians in this neighbouring service such as case note audits and the staff had also developed clinical networks in adults and children's specialities to ensure clinicians were linked in to current best practice forums.

Skilled staff to deliver care

- Therapists, psychologists and doctors were appropriately qualified and had been trained in the

range of therapies and treatment provided. All staff spoken with were very experienced and extremely positive about the opportunities for learning and development with the provider.

- The permanent staff received regular supervision and an annual appraisal. The psychiatrists attended regular peer meetings, and were linked in to the provider's local hospital (Hayes Grove) for peer support. Sessional therapists all arranged their own supervision, which was essential in order for them to maintain their professional accreditation. The records of this were checked by the centre manager on a regular basis.

Multidisciplinary and inter-agency team work

- Team meetings were held every month. We reviewed minutes of a meeting which had taken place shortly before our inspection visit. Topics covered included complaints, training, learning from incidents, and sharing good practice. The meeting had been attended by permanent staff, sessional workers and a consultant psychiatrist. Staff were each required to attend a minimum of three of the team meetings in a year.
- There was effective handover and channels of communication between team members. For example, staff were able to refer patients through to psychiatrists quickly if needed. Therapists were able to redirect patients to colleagues who were able to provide specialist therapies, better suited to the patient's specific needs. Staff described excellent working relationships with their colleagues, which contributed to the overall effectiveness of the service.

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

- The Mental Health Act did not apply within this setting.

Good practice in applying the Mental Capacity Act

- All staff had undertaken Mental Capacity Act (MCA) training. There was a MCA policy in place and staff told us about the principles of the Act and how they applied to their patients.
- Staff were familiar with obtaining a patients' consent, although they commented that patients using this service had a high degree of autonomy to determine many if not all aspects of their daily lives, including consenting to their treatment and therapy plans.

Community-based mental health services for adults of working age

- We saw in records reviewed that key information was recorded at the first meeting as part of the patient's assessment. This included consent to treatment and consent to sharing information.
- Patients we spoke with said they had been asked by staff to give their consent and had consented to their therapy and treatment.

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

Good 

Kindness, dignity, respect and support

- Patients we spoke with said, without exception, that the staff were kind, caring and compassionate. Patients were very positive about the support, therapy and treatment they had been receiving and all of them said they were treated with respect and found staff to be particularly supportive and helpful. All of the feedback given commended individual staff highly and gave examples of how they had been cared for and assisted towards their recovery. Patients remarked that their lives had been completely transformed for the better by the interventions and therapy delivered by staff at the centre. All of the staff we spoke with were very committed to providing care and treatment to the highest of standards for their patients. Administrative staff were also praised highly by the patients we spoke with, particularly in regards to their helpfulness, discretion, professionalism and approachability. In the most recent patient survey in May 2018, all patients said the staff were courteous, had a highly positive attitude and were always respectful towards them.
- Staff supported patients to understand and manage their care, therapy and treatment. This included directing them to other services when appropriate. The staff had strong links with other services and community groups.
- Staff were confident they could and would raise any concerns about inappropriate or disrespectful behaviour towards patients.

- Patients' confidentiality was maintained by the staff. All staff spoken with were aware of the need to ensure a person's confidential information was kept securely. Staff access to electronic case notes was protected.

The involvement of people in the care they receive

- All of the patients we spoke with said they were actively involved at looking at treatment and therapy options with staff and that they were involved continuously in reviewing progress and setting goals. Patients said they had received detailed discussions about their diagnosis, the options for treatment and therapy, including risks and benefits of the proposed treatment. However, we could not find any evidence in the electronic care records that this was the case or that patients had received a copy of their care plan.
- The family members we spoke with said they had been encouraged to be actively involved in their relatives' care and treatment and that they were well supported.
- Local advocacy service contact details were available in the centre.
- Suggestion and comment boxes seeking feedback were available in the waiting room area.
- Staff encouraged patients to give feedback about the service received and used an electronic, anonymised survey on an ongoing basis, pulling off data every month. The feedback ranged from good through to excellent. Patients had not given any negative feedback on any aspect of the service.

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

Good 

Access and discharge

- Referrals into the service came in the main from GPs or self-referrers. At the time of our inspection there were 480 patients receiving a service of whom 89 were either children or adolescents.

Community-based mental health services for adults of working age

- The service was able to assess patients quickly and certainly within seven days, or more swiftly if requested by a referrer. There were no waiting lists for either referral to assessment or from assessment to commencement of therapy or treatment.
- The administration staff managed diaries and could be flexible in offering patient appointment times. For example evening appointments were available four days each week and a Saturday morning clinic was also available for those patients at work, at college or with other commitments during the day. The reception area was staffed at all clinic opening times so phones were always answered promptly. When asked all patients said they had never experienced a cancelled appointment.
- Each patient was given contact details for both NHS crisis services and local community mental health support services should they need to access these in an emergency. These contact details were age appropriate.
- All staff followed a protocol of making follow up contact with patients who did not attend appointments. Staff said this was a rare occurrence. The Staff tried to contact them by telephone, and then wrote letters to the individual and referrer so that all relevant people were kept aware.

The facilities promote recovery, comfort, dignity and confidentiality

- The centre had six consulting rooms to see patients and these were all soundproofed to maintain confidentiality. The reception area was enclosed and separate to the waiting room area, which again protected confidentiality. The waiting area was spacious, well furnished, with availability of hot and cold beverages for patients and visitors. Staff said there were enough rooms for them to book to see patients at the service.
- Staff encouraged patients to maintain healthy relationships with those people that mattered to them, be that family, friends or community groups.
- A range of literature was available in the waiting room about treatment options, local services and how to complain.

Meeting the needs of all patients who use the service

- Full disability access was available throughout the centre.

- Patients' diverse needs such as ethnicity and religion were recorded in their care records. There was access to interpreters and/ or signers if required.
- The manager said information could be accessed in different languages if required.

Listening to and learning from concerns and complaints

- In the preceding year there had been one complaint relating to the provider's payment processes and this was partially upheld.
- There was a clear system in place to deal with complaints from patients. There were identified timescales to provide patients with a response to their complaint and further timescales if the complaint required further investigation. There was a register of complaints made, which included any responses to complainants and any action required by the provider.
- Information about how to complain was on display in the centre and on the provider's website.
- Staff were able to describe the complaints process and how they would process any complaints. Staff knew how to respond to anyone wishing to complain.
- All of the patients and carers we spoke with told us they were confident to raise any concerns or complaints and that they thought they would be listened to and their complaints taken seriously. Many patients said they would feel extremely confident to ring the centre manager if they had any concerns at all.
- Patients were given the opportunity to participate in an ongoing satisfaction survey, in addition to feeding back their experiences with their therapist or doctor.

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

Vision and values

- Staff knew who the senior managers for the service were and which executive directors the centre staff linked in

Community-based mental health services for adults of working age

with, for example the providers' associate medical director held clinical accountability for the work of staff at the centre. All staff said they could raise issues with their manager if required and action would be taken.

- The provider's vision and values were on display in the centre. Staff understood the provider's vision and values, were positive about them and how they were applied in their work.

Good governance

- There was an overarching audit plan for the centre to ensure any risks were managed and reduced. All staff were aware of the current top six risks affecting the service and the mitigation plans in place to reduce these risks. The provider carried out detailed audits at least every three months to check on adherence to policies and procedures, for example, case notes audits, environmental audits, audits on staff supervision and appraisal and health and safety audits
- Staff at the centre had systems and procedures in place to ensure that the premises were safe and clean. There were enough staff available who were well trained and supervised regularly. Patients were assessed and offered treatment and therapy in an effective and timely manner, there were no waiting lists. Any incidents were investigated promptly and recommendations had been implemented following any lessons learnt from incident investigations, complaints and safeguarding alerts.
- Staff participated in clinical audits to ensure their practice was regularly evaluated and was effective. They shared the clinical governance structures of the local hospital, Hayes Grove.

- Staff had an excellent understanding of the working arrangements of other mental health teams within the provider and also external organisations, such as the NHS to ensure patients' needs were met.
- Information with details of patients was secure and kept confidential at all times.
- Staff, patients and their carers had access to up to date information about the services offered by the provider. Regular and comprehensive communication was available. Feedback was sought from both staff and patients on a regular basis.

Leadership, morale and staff engagement

- Staff felt valued and listened to, which gave them more confidence to contribute new ideas. Staff told us they felt proud about working for the organisation and they were motivated and passionate about providing care and treatment for patients to a high standard. In the most recent employee engagement survey 91% of staff said communication with senior managers was either always or usually good and effective.
- Staff told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line manager. Some staff gave us examples of when they had spoken out with concerns about the care of patients and said this had been received positively as a constructive challenge to practice. The staff attended a monthly team meeting. All staff described morale as very good. Staff were aware of the whistleblowing process if they needed to use it.
- Staff appraisals included conversations about career development, training opportunities and how these could be supported.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all patients have a risk assessment and crisis/contingency plan and that all risk assessments are updated as per the provider's policy.

Action the provider **SHOULD** take to improve

- The provider should ensure all care plans are kept up to date.
- The provider should ensure all patients receive a copy of their care plan and that this is then recorded as having happened in the care records.

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>Out of 11 patients' care records, two had no risk assessment documented and five risk assessments had not been updated according to the provider's policy. In addition there were no crisis or contingency plans for the patients.</p> <p>This is a breach of Regulation 12(2)(a)</p>