

The Priory Hospital Brighton & Hove

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

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 Hospital Brighton and Hove as good because:

- Staff delivered care and treatment to patients in a kind, caring manner that respected their dignity.
 - Patients told us they felt safe and well cared for on the ward. Staff managed patient safety by appropriate use of observations.
 - Staff mandatory training was up to date and managers had completed appraisals of staff's work performance.
 - Staff covered all shifts and did not have to cancel therapy sessions or escorted patient leave
 - Patient care plans showed good levels of patient involvement. Patients were involved in their care and given the opportunity to raise issues with the ward managers at a weekly community meeting.
 - Patients received an induction pack when staff admitted them to the ward
 - Nurses, doctors and other health professionals worked well together to provide safe and effective care and treatment to the patients. We observed a thorough and effective patient-focussed staff handover.
 - We saw evidence of an excellent working relationship between the ward and pharmacy services.
- Therapy staff had received training in effective, research-proven therapeutic techniques, including cognitive behavioural therapy and eye movement desensitisation and reprocessing.
 - The hospital managers were a visible presence on the ward and made themselves known to staff and patients. Staff said managers were accessible and approachable.
 - Staff had effective working relationships with surrounding NHS trusts and local authorities.

However:

- We observed numerous blind spots and potential ligature points (places to which patients intent on self-harm might tie something to strangle themselves) on the ward.
- Staff did not demonstrate clear understanding of the Mental Capacity Act.
- Staff did not demonstrate a clear understanding of Deprivation of Liberty Safeguards legislation, which could have a detrimental effect on patients' liberty and rights.
- Not all informal patients (those not subject to the Mental Health Act) understood that they could leave the ward at any time.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

The overall care provided at the hospital was good with enough staff to cover shifts and provide care. However, the ward did not meet the standard on same sex accommodation. Some staff showed a lack of understanding of the Mental Capacity Act and the implications this may have for patients.

Summary of findings

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Good 

Location name here

Services we looked at:

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

Summary of this inspection

Background to The Priory Hospital Brighton & Hove

The Priory Hospital Brighton and Hove is part of the Priory Group and is an independent provider of psychiatric care and therapy for a range of mental health conditions including anxiety and depression as well as addictions. The hospital is a single ward 17-bed

mixed-gender unit. The service provides day care, outpatient and inpatient treatments, mainly for patients who fund their own treatment but also for some NHS patients.

Our inspection team

Team leader: James Holloway, CQC inspector

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors, a Mental Health Act Reviewer and one specialist professional advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and spoke with the local advocacy service.

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 five patients who were using the service
- looked at eight care and treatment records of patients

- spoke with the ward manager, the hospital director and medical director
- spoke with the hospital mental health act administrator
- spoke with 11 other staff members, including doctors, nurses, therapists and healthcare assistants
- spoke with support services staff including housekeeping, catering and maintenance staff
- spoke with an independent advocate
- observed a multidisciplinary meeting
- observed one group therapy session
- collected feedback from four patients using comment cards (12 cards received)
- carried out a specific check of medicine management on the wards

looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Patients told us that nursing care was, on the whole, very good. Patients reported feeling safe and cared for on the ward and that nursing staff had time for them. Patients

reported the locations checks carried out by staff were reassuring but at times they could be intrusive. Staff completed patient location checks at least hourly to ensure the safety of patients on the ward.

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:

- the ward did not comply with standards on gender separation.

However

- staff rotas show that there were enough staff to cover each shift
- each patient had a personalised risk assessment
- staff mitigated the risk of blind spots and potential ligature risks on the ward by use of observations and updating risk assessments regularly
- staff recorded incidents of harm or risk of harm on the electronic system and lessons learnt were circulated to all staff
- we saw effective medicines management
- patients told us they felt safe on the ward.

Requires improvement



Are services effective?

We rated effective as good because:

- staff assessed patients' needs soon after admission, including doing a comprehensive physical examination
- patient care plans were recovery-focussed and personalised
- patients had good access to psychological therapies and physical health treatment when needed
- staff had regular supervision and staff appraisals were up to date
- we observed one staff multidisciplinary meeting that was comprehensive, patient focussed and involved nurses, doctors and therapy staff
- staff had good working arrangements with surrounding NHS trusts and the local authority.

However:

- not all staff demonstrated an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and the potential implications for patients
- one informal patient told us they understood they were not allowed to leave the ward.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- patients said staff treated them with kindness, dignity and respect in a caring manner
- patients were involved in their care planning
- patients had access to advocacy when required
- patients could give feedback on the service and raise any issues at the weekly community meeting
- staff provided new patients with a leaflet about the ward to help them settle in
- staff invited patients' families to attend ward rounds
- we observed good staff and patient interactions during a group therapy session.

Are services responsive?

We rated responsive as good because:

- there was a full range of rooms and equipment on the ward to support patients' needs and treatment, and patients had access to a well-equipped art room throughout the day
- patients could make hot and cold drinks at any time in the ward kitchenette
- the clinic room was well stocked and well maintained
- patients were able to personalise their bedrooms
- staff ran a full therapy programme during the week and patients were able to take part in activities at the weekend
- patients knew how to make complaints, which the hospital responded to comprehensively in a timely manner, and staff received feedback.

Good



Are services well-led?

We rated well led as good because:

- staff were up to date with their mandatory training and received regular managerial supervision and annual appraisals of their work performance
- senior managers were a visible presence on the ward, staff said managers were accessible and approachable, and senior managers made themselves known to staff and patients
- staff of a suitable skill mix covered shifts and there was always enough staff to cover therapy sessions and any escorted leave from the ward
- staff said they felt able to challenge each other without fear of victimisation
- staff were aware of the Duty of Candour and had an open and transparent approach when things went wrong
- staff reported good morale within the staff team.

Good



Summary of this inspection

However:

- some staff said opportunities for career development and continuous professional development were limited.

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 service provider.

- We completed a Mental Health Act monitoring visit to the hospital. None of the patients admitted to the hospital were detained under the Mental Health Act 1983. The last patient to be detained at the hospital was in October 2015.
- Records showed that patients who had been detained had been told their Section 132 rights in accordance with the Code of Practice. Staff informed detained patients of their right to advocacy.
- Mental Health Act paperwork was in place and properly recorded in patient files.
- Records showed evidence of a good understanding of the use of Section 5(2). The Approved Mental Health Practitioner (AMHP) service was contacted within approved timescales to complete a Mental Health Act assessment.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us that Deprivation of Liberty Safeguards (DoLS) legislation had never been used on the ward.
- Staff completed mandatory training in the Mental Capacity Act (MCA) and DoLS. Staff we spoke with did not have a clear understanding of DoLS and the implications of this for their practice.
- Staff completed capacity assessments routinely for all patients. These assessments were detailed and decision specific.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

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

Good 

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

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

Requires improvement 

Safe and clean ward environment

- There were two levels to the ward. The upper floor had only en-suite bedrooms. The lower floor had en-suite bedrooms, the nursing station, the kitchen, laundry and communal areas. There was a female only lounge.
- We observed blind spots on both levels and not all rooms were visible from the nursing station. Staff had awareness of this and completed a minimum hourly visual check on all patients. The observation charts showed that some patients were on more frequent checks. This would depend on their level of risk. The ward manager told us that staff screened patient referrals thoroughly before admission and the service declined the admission if it was felt the patient presented as too high a risk. Staff used the upper floor for patients on the Addictions Therapy Programme (ATP).
- We noted potential ligature points throughout the service. There was a comprehensive ligature risk assessment for the entire ward and a plan to reduce ligature points by use of radiator covers and other refurbishments. There were collapsible shower curtains already in place. Ligature cutters were easily accessible in the nursing station.
- The upper floor had eight bedrooms and we observed zoning into male and female areas. This could change depending on the patient mix. The lower floor had no

gender separation and staff allocated rooms to patients depending on their risk. All rooms had en suite facilities so patients did not have to pass through rooms occupied by the opposite gender to reach bathroom or toilet facilities.

- Patient bedrooms all had nurse call buttons so patients could alert staff in an emergency.
- There was a fully equipped clinic room. Equipment was clean and well maintained and all equipment checks were within date. Emergency medicines were kept securely; staff checked these regularly to ensure there were correct amounts.
- Staff monitored and recorded fridge temperatures in the clinic rooms. Nursing staff checked these daily and these were within the recommended range. This ensured patients medications were stored at the recommended temperatures to maintain their effectiveness.
- The ward was clean, well maintained and clutter free. Housekeeping staff showed us records of daily, weekly and monthly cleaning schedules.
- There was an infection control nurse specialist on the ward who showed us records of infection control measures and regular audits.

Safe staffing

- There were two nurse vacancies on the ward. Use of agency staff was minimal. Staff tried to use the same agency nurses so they were familiar with the patients, ward layout and processes.
- Staff worked on the ward to a two shift pattern from 7.30am – 8pm and 7.30pm – 8am. On each shift there

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

Good 

were two qualified nurses; there were two health care assistants on duty during the day and one at night. The ward manager told us that they could request additional staff if patient observations increased.

- In addition to the nursing staff there was a complement of therapists including psychotherapists, cognitive behavioural therapists and specialists in eating disorders and addictions and trauma therapy.
- Staff reported they had not cancelled any therapy sessions. The shift co-ordinator managed patient leave and arranged for additional staff to escort patients if needed. Staffing levels were always sufficient to accommodate patient leave.

Assessing and managing risk to patients and staff

- Staff had not used any restraint or seclusion in the six months prior to the inspection. There was no seclusion room on the ward.
- Staff assessed patient risks daily. Patients with higher risks were on more frequent location checks or observations during the day.
- Patients we spoke with told us they felt safe on the ward.
- Staff completed risk assessments at admission and reviewed these regularly. Staff reviewed patient risks at each handover and the ward held twice weekly MDT ward rounds to discuss patient progress, including risk.
- Staff had awareness that the ward layout contained blind spots and potential ligature risks. Staff completed a minimum of hourly checks on patient location and increased this if the risks were greater.
- We observed one handover, which was clear, thorough and included discussion of individual patient risk so that staff were aware of any issues.
- We observed the medicines management processes. Staff had direct on-line access to the pharmacy service and had a minimum of weekly contact with the visiting pharmacist. There were appropriate processes for medicine storage, dispensing and reconciliation.
- A doctor lived on site so staff and patients had access to medical support 24 hours a day, seven days a week. There were two doctors who covered this role and they worked a rota of two weeks on site, two weeks off.
- Staff safeguarding training was up to date and staff we spoke with knew the process of making a safeguarding referral to the local authority. All safeguarding incidents were recorded on the safeguarding register. The register

included details of actions taken including notifying family if appropriate, CQC, or any police involvement. Any advice provided by the local authority safeguarding team was recorded in the register.

Track record on safety

- Data from the hospital showed no serious incidents occurred on the ward in the six months prior to the inspection.

Reporting incidents and learning when things go wrong

- All staff had access to the electronic incident reporting form. The manager reviewed all incident reports. Part of the process for reporting incidents involved staff having to complete an electronic 'lessons learnt' form before the manager closed the incident. Managers discussed all incidents at clinical governance meetings and fed back any outcomes to staff via e-mail and ward meetings.
- Staff recorded all incidents on the Priory system and learning was shared between Priory hospital sites.
- Staff showed examples of how practice had changed and the environment improved as a result of incidents. Following an incident the therapy staff started to complete a register of all patients attending groups and alerted nursing staff on the ward if a patient did not arrive. The therapist then notified the ward staff at the end of the session. This practice had changed as a result of patients absconding between the ward area and the therapy area.
- Hospital managers took the decision to alter the balcony area to improve patient safety following a previous incident.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We looked at eight patient care records. Staff completed comprehensive care plans on admission. We saw evidence of patient involvement in care planning.

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

Good 

- Patients in hospital for the Addictions Therapy Programme (ATP) sign a contract of consent to the treatment plan at time of admission.
- Patients had a physical health check on admission. We did not see any additional physical health assessments during a patients' stay. However, staff had access to medical cover 24 hours a day provided by the ward doctor. One patient told us that they had developed an infection whilst an in-patient and they had a medical check and appropriate medicine prescribed later the same day.
- Care plans were recovery focussed and staff kept these up to date.
- Information was stored on electronic systems and in paper files. Staff had ready access to both storage systems and they transferred the information effectively between the two. All staff had access to the records and so all had access to up to date care plan information.
- Staff at the hospital came from a variety of professional backgrounds. We spoke with nurses, healthcare assistants, therapists and doctors as well as support services staff.
- Staff provided one another with peer supervision. Nursing staff supervised each other and the records of this showed that supervision was taking place regularly. Occasionally staff had cancelled supervision at times due to leave, sickness or other work commitments. The ward manager provided supervision to four nurses, who then provided supervision to the rest of the nursing staff.
- Staff appraisals were up to date and took place annually.
- All staff had access to e-learning and the Priory group training system called 'Foundations for Growth (FFG)'. Staff were given protected time to complete their e-learning. Staff also accessed face to face training wherever appropriate and could book training to maintain their Continuous Professional Development (CPD). Some staff reported difficulties in being given the time for CPD.
- E-learning modules included Mental Capacity Act (MCA), Mental Health Act (MHA) and safeguarding. Staff had completed mandatory training, or we saw that this was booked to take place soon.
- Staff meetings took place monthly to discuss any staffing issues, training and learning from incidents.

Best practice in treatment and care

- The hospital offered two distinct therapy programmes on the ward. One was for patients with addiction issues, the Addiction Therapy Programme (ATP) and the other for patients with mental health issues. Both programmes used a combination of goal setting, Cognitive Behavioural Therapy (CBT), relaxation and mindfulness. Some aspects of the therapy programme overlapped so patients on the ATP could access general psychiatric groups and vice versa. Therapists ran the therapy programme.
- Some therapists had training in a variety of therapeutic interventions including Eye Movement Desensitization and Reprocessing (EMDR), a research proven technique for treating trauma.
- The medicine administration charts we viewed showed that medicines were prescribed within appropriate limits and according to National Institute of Health and Care Excellence (NICE) guidelines. The NICE guidelines were followed in relation to safe and effective use of medicines to enable the best possible patient outcomes.
- Staff participated in clinical audits to ensure they keep their practice current and up to date for example medication dispensing. The pharmacy service carried out weekly audits of medication charts.

Skilled staff to deliver care

Multidisciplinary and interagency team work

- We observed one daily MDT meeting which was comprehensive and patient focussed. Staff discussed patient risks and the plan for the shift. Staff in attendance included nursing staff, therapist and the ward doctor.
- Multidisciplinary meetings took place twice weekly on the ward to discuss each patient. Patients were invited to attend and could bring any family members or carers. Staff from support agencies could also attend.
- There was a twice daily 30 minute handover between each shift to discuss any issues that arose during the previous shift and to pass on details of any incidents.
- Staff demonstrated good awareness and links with outside agencies and local authorities. Patients on the ward may come from many other areas so staff needed an awareness of the referral and transfer process with many different health and local authorities.

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

Good 

- We saw evidence of good working with the local NHS Trust and planning arrangements for the transfer of patients' to NHS hospital beds.

Adherence to the MHA and MHA Code of Practice

- At the time of the inspection there were no patients detained under the Mental Health Act (MHA). Staff demonstrated an understanding of the Mental Health Act and how they could apply it. Staff reported they used section 5(2) of the Act at times on the ward. Staff understood the process and rationale for using this section.
- Staff understood the process for requesting a Mental Health Act assessment and demonstrated good liaison with the Approved Mental Health Professional (AMHP) service.
- We saw eight patient records which all had capacity assessments completed.
- A local advocacy organisation provided advocacy for patients on the ward. We saw posters and leaflets on the walls to inform patients of this. The advocacy service did not have a regular visiting time on the ward, but staff gave patients details of how to access them if required.

Good practice in applying the MCA

- All staff had completed mandatory e-learning in the Mental Capacity Act.
- Staff had completed capacity assessments for patients on admission. We saw capacity assessments that were thorough and clearly recorded consent to treatment.
- Staff on the ward had not made any DoLS applications in the previous six months, and staff told us that they had never used the DoLS legislation.
- Not all staff we spoke to showed an understanding of DoLS and the implications of this for patients. We did not find any evidence of staff discussing use of MCA or DoLS when considering using sections of the MHA.
- We reviewed informal patient care notes to see how staff maintained informal patients' safety if they wanted to leave the ward. Staff had discussions with patients before they left regarding their plans whilst out of the hospital and staff ensured patients had emergency contact numbers and a means to return to the ward. We received assurances from the hospital managers that staff did not deny patients their right to leave.
- Following the inspection the hospital provided signed agreements with all informal patients to show they understood their right to leave at any time.

- The hospital had keypad locks on all doors so staff had to enter the code to allow the patients to leave. Staff would escort patients off the ward if it they felt this to be more suitable. We saw evidence of this decision making involving nursing staff, ward doctor and patient.
- Not all staff had sufficient training in DoLS to give them a thorough, detailed understanding of the process.

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

Good 

Kindness, dignity, respect and support

- Patients told us they felt treated with kindness, dignity and respect. We received comment cards from patients which stated that nursing staff were caring and attentive. Patients reported that staff always had time for them and were courteous when completing location checks, especially at night.
- Staff informed us of the engagement policy when completing observations so that instead of just a head count, staff interacted with each patient each time they completed the check.
- Staff responded to individual patient need in a timely manner and showed an interest in each individual patient.

The involvement of people in the care they receive

- Staff gave patients an induction pack on admission to the ward, although patients did tell us that the information contained within was limited. Patients reported not being told of meal times or how to order food, or that staff completed observations during the night. If it was a planned admission staff advised patients beforehand on what they would need to bring to the ward.
- Patients were able to attend two ward rounds each week to discuss their progress and admission goals.
- Staff held a weekly community meeting for all in patients and out patients to attend. Patients could raise

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

Good 

issues which staff could then deal with in real time.

There was a record of all meetings held and the action plans that followed. Staff reported back on each issue raised at the start of every meeting.

- Staff invited patients' families to attend ward round. The hospital ran a families group for all families of those patients on the ATP to provide support for up to 10 weeks post discharge.
- Patients had access to advocacy provided by the local MIND service.
- Patients could see who their named nurse was for the shift on a board outside the nursing station. Nurses could also use this board to alert patients of messages or correspondence.

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

Good 

Access and discharge

- Bed occupancy on the ward for the past six months was 64%. At the time of the inspection the ward had nine patients. The ward had 17 beds, but had historically run at a maximum of 16 patients at any one time. We were told this was due to the size of the bedroom not used being too small.
- Hospital beds were available to those in the local catchment area; the hospital would also take referrals from neighbouring NHS trusts and had admissions from the trusts further afield.
- Staff could transfer patients to more appropriate settings based on presenting risk. Staff had good links with surrounding trusts if they need to transfer a patient to an NHS bed.
- Staff allocated rooms on the ward depending on risk. Staff may move patients within their admission as they admitted new patients. Staff updated risk assessments to determine which patient had which room. Patients on the upper floor were all patients on the ATP.
- There had been no delayed discharges in the previous six months.

The facilities promote recovery, comfort and dignity and confidentiality

- We saw on the ward a well equipped, well maintained clinic room. Patients had access to an art room on the ward at all times of the day. There was a female only lounge on the ward.
- Patients had access to an outside garden terrace and a small kitchenette to make themselves hot or cold drinks during the day. There was a laundry for patient use on the ward. All patient areas were clean and well organised.
- All bedrooms were en-suite. Patients were able to personalise their rooms and we saw evidence of some patients having done this. Patient bedrooms were unlocked during the day although patients could ask nursing staff to lock their rooms if preferred.
- Patients had a full therapy programme to attend during the day and at weekends. Staff offered weekend activities for patients including tai chi or yoga and a group walk.
- Patients told us that food was good quality. Staff said they would be able to accommodate dietary requirements although no patients had specific dietary needs at the time of the inspection.

Meeting the needs of all people who use the service

- The hospital was a converted grade II listed Victorian building. It did not comply with the Equality Act 2010 on accessibility. There was a lift although we did not see this in use.
- Staff gave patients information when they admit them on local services, patients' rights, how to make to complaint and treatment options. This information was available in different formats if required.
- Staff had access to interpreters when needed.
- Catering staff could meet patient dietary requirements depending on their spiritual, cultural or religious needs.

Listening to and learning from concerns and complaints

- There were four reported complaints between March 2015 and October 2015. Following an appropriate investigation two of these were upheld and suitable action taken. Staff developed an action plan following both of the upheld complaints.

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

Good 

- Patients had the opportunity at every community meeting to raise issues and complaints. Staff knew how to advise patients of the process for recording a formal complaint and information was available on notice boards around the ward.
- We saw examples of how the hospital managed complaints which was thorough and detailed. Hospital managers responded to the complainant in full and outlined their rationale for either upholding the complaint or not. Explanations were given and details of how to take the complaint further if the complainant was not satisfied with the outcome. Lessons learnt were shared with the wider staff team via e-mail communications and staff meetings

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

Good 

Vision and values

- We observed that members of the senior management team were visible on the wards and staff knew the members of this team. Staff we spoke with commented that the senior management team were approachable and accessible.
- Staff we spoke to knew the values of the organisation and reflected these in the work they did, for example staff told us they were patient led and recovery oriented, which we observed in staff interaction on the ward.
- Staff had a positive approach to working at the hospital. We saw this across all staff from nursing staff, health care assistants, therapists and support services staff.

Good governance

- Staff had access to mandatory training and were given protected time to complete e-learning modules. Staff had either completed mandatory training or had booked on to the appropriate course.
- Staff supervision took place regularly. Staff aimed to have supervision monthly if full time or every two months if part time. We saw evidence that this was happening.
- Staff appraisals had taken place and were in date. The staff records showed that annual appraisals took place.

- The staffing rotas showed that there were sufficient numbers of staff with the appropriate skill mix of qualified nurses and healthcare assistants working each shift. Nursing staff or therapists did not have to cancel sessions or escorted leave due to staffing levels.
- All staff had access to the electronic incident reporting system and the management promoted a culture of the staff who witnessed the incident completing the form. Staff had to complete a lessons learnt form before the manager could close the incident. Managers communicated lessons learnt to the wider staff team.
- Staff did not demonstrate a full understanding of the MCA, which may impact on informal patients on the ward, where they lacked capacity.
- All staff could contribute to the hospital risk register.
- We saw the hospital quality improvement objectives and a clear timetable for achieving these improvements. All staff were involved in achieving the objectives.

Leadership, morale and staff engagement

- We spoke with staff who reported good morale within the staff team. Staff felt confident in being able to challenge the leadership, or raise concerns without fear of victimisation.
- Some staff we spoke with stated that opportunities for career progression were limited. This was possibly due to the small size of the nursing team.
- Managers arranged team away days which gave all members of the staff the opportunity to give input into service development and provide feedback.
- Some staff reported that it was difficult at times to arrange training to support their CPD.
- Staff sickness and absence rates were low.
- Hospital managers submitted the staff survey results from 2014 which showed that 61% of staff would recommend the hospital as a good place to work to a friend, and 94% would recommend the service if a friend or relative required similar care or treatment.
- The staff survey showed that 53% of staff were satisfied with the training and development received and 77% of staff were proud to work for the hospital.

Commitment to quality improvement and innovation

- We spoke with members of the therapy team who reported innovations in offering EMDR therapy to patients.
- Hospital managers showed a clear commitment to setting quality improvement objectives and in sharing

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

Good 

good practice with other Priory hospital sites. Objectives for the hospital included improving staff engagement and input into development of the service and to review and improve both psychiatric therapies and therapies for the ATP.

- The relationship the ward had with the pharmacy service demonstrated a commitment to quality and best

practice. The relationship between the pharmacy service and the ward was productive and there was an effective system of communication between the ward and pharmacy. This ensured patient medicines were available in a timely manner and patients did not have to wait for prescriptions.

Outstanding practice and areas for improvement

Outstanding practice

We observed examples of thorough medicines management processes and links with the local pharmacy service, which improved the quality of service given to patients. This was an area of notable good practice in the hospital. The ward had daily contact with

the pharmacy if needed and there was a three times a day medicines delivery service. Staff on the ward could send direct messages to the pharmacy service and had an electronic message book system to improve communications.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the ward meets the standard on same sex accommodation.

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff have a clear understanding of the Mental Capacity Act and Deprivation of Liberties Safeguards.

- The provide should ensure that staff do not unlawfully deprive informal patients of their liberty.
- The provider should ensure that all staff have opportunities to keep their continuous professional development up to date

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect There was no gender separation on the ward and no zoning of patients depending on gender. Male and female patients had bedrooms next to each other, which could have a detrimental effect on patients' dignity and respect. This is a breach of Regulation 10(2)(a)

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.