Ellingham Hospital

Quality Report

Ellingham Road
Attleborough
Norfolk
NR17 1AE
Tel: 01953 459000
Website: www.priorygroup.com

Date of inspection visit: 25th June 2019
Date of publication: 06/09/2019

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

Overall summary

This was an unannounced, focussed inspection. We did not rate this service at this inspection.

We found areas of improvement since the last inspection:

- Staffing had improved. The provider had created new posts and successfully recruited healthcare workers and a social worker into permanent positions.
- Staff morale had improved on Redwood and Woodlands wards and staff we spoke with all told us they were able to take their breaks, had more time to complete paperwork and activities and section 17 leave was rarely cancelled. However, staff morale was lower on Cherry Oak ward where staff were continually carrying out high intensity observations and there was an increased number of incidents against staff. Clinical governance meetings from June 2019 noted that staff on Cherry Oak ward were feeling 'very beaten down'
- Managers had ensured that incident reporting had improved since the last inspection. Staff told us they were now expected to report incidents onto the electronic system immediately after an incident, wherever possible.
- Managers had improved oversight of the recording of serious incidents and there was improved identification of lessons learnt and sharing with staff. Governance meetings were taking place regularly, as planned.
- Staff knew about any risks to each patient and acted to prevent or reduce risks. We looked at observation sheets from the previous two weeks and all of them identified the patient risk and level of risk. This ensured that staff carrying out observations were aware of the reason for the observation level.
- Locum doctors, who did not have specialist training in psychiatry, had received additional supervision and training from their agency in the mental health act. They also had the opportunity to shadow speciality doctors and to observe ward rounds, which had increased their confidence and skills.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. Reflective practise sessions, facilitated by psychology staff, were available for staff as a confidential place to explore feelings and gain support.

We found the following outstanding areas requiring improvement:

- The hospital continued to employ a high number of bank and agency staff and continued to find it challenging to recruit registered nurses. On Cherry Oak and Woodlands wards, the provider accepted agency staff with no specialist training in working with children.

Summary of findings

- Staff were not consistently following the hospital observation policy which could have an impact on patient safety.
- Staff were not ensuring that body maps were being completed fully, or transferred online if completed on paper, after every incident.
- We found inconsistencies in agendas and action planning around lessons learnt in meeting agendas and minutes. For example, on Redwood ward there was an agenda item called 'ward improvement plan' but no actions identified. Staff discussed lessons learnt under an agenda item called serious incidents in clinical governance meetings. Staff discussed incidents and lessons learnt during wellbeing centre minutes under a number of different agenda items. This made it more difficult to have a clear picture how actions from lessons learnt were identified and recorded.
- On Cherry Oak ward, we found three opened bottles of over the counter medicine, with a limited stock life. They had been opened, but not labelled with the date of opening. Staff could not be assured that these medicines would be effective or safe for patient use.

Summary of findings

Contents

Ellingham Hospital

Services we looked at
Acute wards for adults of working age and psychiatric intensive care units; Child and adolescent mental health wards.

Summary of this inspection

Background to Ellingham Hospital

Ellingham hospital has the capacity to care for up to a total of 44 patients. Two wards accommodate patients aged from 4 to 18 years, and one ward is an acute ward for adults of working age.

The service is registered with CQC for assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder, or injury.

Ellingham hospital has three wards, Cherry Oak and Woodlands are Tier 4 children and adolescent wards, (CAMHS) and Redwood is a ward for working age adults. There is an on- site school. The school is Ofsted registered and was rated as 'Good' in 2016.

Cherry Oak ward is a specialist 10 bedded low secure inpatient ward for mixed gender patients aged from 4 to 18 years with conditions such as complex neuro-developmental disorder, learning disability, attention deficit hyperactivity disorders and mental health problems. At the time of inspection there were four beds in use and all patients were detained under the Mental Health Act 1983.

Woodlands ward is a specialist inpatient ward that cares for patients aged from 4 to18 years with psychiatric, emotional, behavioural and social difficulties, including learning disabilities and autism spectrum disorder. It is a mixed gender ward and has 10 beds. At the time of the inspection, there were seven patients on the ward. Patients could be detained under the Mental Health Act or informal.

Redwood ward is an acute mental health mixed sex ward for working age adults. The ward increased its bed numbers to 24 in October 2018.The ward had 22 beds occupied at the time of the inspection. Some patients were detained under the Mental Health Act whilst others were informal.

Following a comprehensive inspection in January 2019, the CQC issued a warning notice against one regulation of the Health and Social Care Act. This was issued in January 2019 against Regulation 18 HSCA (RA) Regulations 2014 staffing:

- The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs and therefore meet the requirements of Section 2 of these regulations (the fundamental standards).

The CQC also issued a requirement notice against three regulations of the Health and Social Care Act: These were issued in January 2019 against Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, Regulation 17 HSCA (RA) Regulations 2014 Good governance and Regulation 18 HSCA (RA) Regulations 2014 Staffing:

- The provider must ensure that observations were carried out safely and recorded appropriately.
- The provider must ensure that staff fully complete documentation of managing violence and aggression incidents.
- The provider must have sufficient systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service.
- The provider had not demonstrated evidence of communication to staff and patients of lessons learnt from incidents and complaints.
- The provider must ensure that locum doctors providing out of hours cover had the appropriate training and knowledge to provide clinical expertise when reviewing patient clinical risk.

The provider submitted an action plan in response to the warning notice and requirement notices and had addressed most, but not all, of the identified concerns when we checked at this inspection.

Summary of this inspection

Our inspection team

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

Why we carried out this inspection

This focussed inspection was carried out to monitor the hospital's progress against the action plan to address the concerns raised at the last inspection.

How we carried out this inspection

This was a focussed, unannounced inspection. We have not revised the ratings during this inspection, but we have lifted the warning notice that was in place as we saw improvements in staffing and recording of incidents.

We asked the following key questions:

- Is it safe?
- Is it well led?

During the inspection visit, the inspection team:

- spoke with the Operations Director, Director of Clinical Services and managers, or acting managers, for each of the wards;
- spoke with 10 other staff members; including doctors, nurses and healthcare workers;
- spoke with nine patients who were using the service;
- spoke with one carer of a patient who was using the service;
- checked the clinic room and medicine management on each ward;
- looked at 12 observation records and 15 incident reports;
- looked at a range of policies, procedures and other documents relating to the running of the service, including clinical governance meeting minutes, staffing rotas and complaints.

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 did not rate this service at this inspection, as we did not inspect each key service in full.

We found the following areas of improvement.

- Staffing had improved since the last inspection, when the service had received a warning notice for safe staffing.
- The service had allocated an additional member of senior nursing staff to work in the role of night co-ordinator, on a rota basis. Night co-ordinators were responsible for ensuring adequate night cover across the hospital, covering gaps where necessary, and alerting day staff to any staffing issues for the day ahead in a timely manner
- Managers had made improvements to the recruitment and interview process to ensure that prospective staff had a clear and realistic idea of what working at the hospital would entail.
- Managers had ensured that locum doctors, who did not have specialist training in psychiatry, had received additional supervision and training from their agency in the mental health act. They also had the opportunity to shadow speciality doctors and to observe ward rounds, which had increased their confidence and skills.
- Staff recording of incidents had improved since the last inspection. Staff told us they discussed incidents and lessons learnt in governance meetings, team meetings and monthly wellbeing centre meetings.

However

- The service had continuing high use of bank and agency nurses and healthcare assistants to cover sickness, absence or vacancy for staff. In particular there were still a high number of vacancies for registered nurses. In the two weeks prior to the inspection, 509 out of 758 shifts had been covered by Priory bank or agency nurses and healthcare assistants. Wherever possible, the provider used regular bank and agency staff, however there were still occasions where patients had unfamiliar staff working with them Patients and the carer we spoke with told us that this could make it more difficult to build a trusting relationship with staff.
- Staff were not consistently completing body maps after every incident.
- We found three missing signatures and three missing counter-signatures on observation sheets on Cherry Oak ward.

Summary of this inspection

- We found inconsistencies in agendas and action planning around lessons learnt in meeting agendas and minutes. For example, on Redwood ward there was an agenda item called 'ward improvement plan' but no actions identified. Staff discussed lessons learnt under an agenda item called serious incidents in clinical governance meetings. Staff discussed incidents and lessons learnt during wellbeing centre minutes under a number of different agenda items. This made it more difficult to have a clear picture how actions from lessons learnt were identified and recorded.
- During the inspection, we found three opened bottles of over the counter medicines which had not been labelled with date of opening. Staff could not be assured that these medicines would be effective or safe for patient use.

Are services effective?

We did not inspect this key question at this inspection.

Are services caring?

We did not inspect this key question at this inspection.

Are services responsive?

We did not inspect this key question at this inspection.

Are services well-led?

We did not rate this service at this inspection, as we did not inspect each key service in full.

We found the following areas of improvement:

- At the time of the inspection, there were interim senior management arrangements in place at the hospital. Senior managers we spoke with demonstrated a good understanding of the hospital challenges and priorities and staff told us that senior managers were visible and had communicated well during a time of uncertainty.
- Staff we spoke with were complimentary of their ward managers and senior nurses. They told us they felt supported by senior members of staff, especially when they were struggling with elements of their role. All staff continued to have regular supervision, which they told us was effective.
- Managers had improved oversight of the recording of serious incidents since the last inspection and there was improved identification of lessons learnt and sharing with staff. Ward managers were carrying out spot checks to identify issues and ensure staff were adhering to Priory group policies and procedures.

Summary of this inspection

- Clinical governance meetings were being held regularly and as planned. Managers had recently made a change to the minutes to reflect identified actions outstanding and dates for completion.

However

- Managers were not ensuring that body maps were being completed fully or transferred online, if necessary, after every incident.

Detailed findings from this inspection

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

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Safe staffing

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staffing had improved since the last inspection. The service had a 50% vacancy rate for registered nurses as of June 2019. This was lower than the vacancy rate of 100% reported at the last inspection (January 2019).
- The service had recently undertaken a successful recruitment campaign and had 15 new starters on 10 June 2019, including three nurses and two speech and language therapists. Ten new starters were due to start working at the hospital on 8 July 2019. At the time of the inspection, 25 people were due to attend an assessment and interview day for healthcare assistants on 25 June 2019.
- The service reported a vacancy rate of 14% for healthcare assistants. This was lower than the vacancy rate of 33% reported at the last inspection.
- The service had allocated an additional member of senior nursing staff to work in the role of night co-ordinator, on a rota basis. Night co-ordinators were responsible for ensuring adequate night cover across the hospital, covering gaps where necessary, and alerting day staff to any staffing issues for the day ahead in a timely manner.
- The service had successfully employed a permanent social worker since the last inspection.
- Managers had made improvements to the recruitment and interview process to ensure that prospective staff had a clear and realistic idea of what working at the hospital would entail.
- The service had continuing high use of bank and agency nurses and healthcare assistants to cover sickness, absence or vacancy for staff. In the two weeks prior to the inspection, 120 out of 209 shifts on Redwood ward had been covered by Priory bank or agency staff. Many bank and agency staff had worked at the hospital for between six months and two years so were familiar with the service and the patients and, wherever possible, managers booked these staff.
- Managers ensured all bank and agency staff had a full induction and were offered support and supervision.
- Levels of sickness were reducing at the time of inspection. The sickness rate for this service was 7% between June 2018 and June 2019. At the last inspection in January 2019, the sickness rate for Redwood between 1 October 2017 and 30 September 2018 was 60%.
- Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients.
- During the inspection, we looked at the staffing rotas for the previous two weeks and found that the number of staff needed for each shift on Redwood ward matched the number who worked, with no shifts left unfilled.
- Staff members we spoke with, including, managers, doctors, nurses and healthcare assistants told us that staffing had improved recently. All healthcare staff told us they were consistently getting their breaks which had led to an increase in staff morale. However, one member of staff told us that nurses often felt rushed to complete all their duties.
- Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. We spoke with five patients and none of them were concerned at the time of the inspection about leave or activities being cancelled.

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

Medical staff

- The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service employed two permanent consultant psychiatrists and locum staff to cover at night.
- Managers had ensured that locum doctors, who did not have specialist training in psychiatry, had received additional supervision and training from their agency in the mental health act. They also had the opportunity to shadow speciality doctors and to observe ward rounds.
- We spoke with two locum doctors. Both doctors told us that their skills and confidence in managing patients with challenging behaviour and reviewing risk had increased. This had been a concern at the last inspection. We viewed the supervision records of both locum doctors and could see they had regular, monthly supervision for the past four months prior to the inspection. The supervision notes were very brief, but doctors told us that supervision was effective and they could discuss their training needs and receive training in an identified topic during these sessions.

Assessing and managing risk to patients and staff

- Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. We observed evidence of risk assessments and care plans being updated effectively after incidents.
- Staff knew about risks to each patient and acted to prevent or reduce risks. On Redwood ward, we looked at 12 observation sheets from the previous two weeks and all of them identified the patient risk and level of risk. This was an improvement since the last inspection and ensured that staff carrying out observations were aware of the reason for the observation level.
- We spoke to a member of staff carrying out 1-1 observations for a patient and they demonstrated good knowledge of the patient, their risks and why the observation level for this patient had recently increased.

Medicines management

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Staff reviewed patient's medicines regularly and provided specific advice to patients
- Regular audit was undertaken by the contracted pharmacist and any actions identified were addressed. The pharmacist was available to give advice to doctors and nursing staff, including during out of hours.

Reporting incidents and learning from when things go wrong

- Managers had ensured that incident reporting had improved since the last inspection by reviewing processes and providing further training. Staff told us they were now expected to report incidents onto the electronic system before the end of their shift, wherever possible, with the assistance of a colleague if necessary. Ward managers were carrying out spot checks to ensure all incidents were reported and any paper forms were not pre-populated with dates and were being uploaded in a timely manner.
- All staff knew what incidents to report and how to report them. All incidents from the previous 24 hours were reviewed by managers at the early morning review and outstanding issues followed up by ward managers.
- We looked at four incident reports. We found that all incident reports gave a detailed description of the incident and how staff responded and managed the incident and lessons learnt. We saw evidence that care plans and risk assessments were updated after incidents. However, none of these incidents had body maps completed and only one stated that there were no injuries, so a body map was not needed. Clinical governance meeting minutes from June 2019 included a need to remind all staff to complete body maps as soon as possible after incidents.
- Staff told us they discussed incidents and learning points in team meetings and monthly wellbeing centre meetings. A lessons learnt bulletin was published and shared with staff via e-mail and supervisors checked staff learning during individual supervision sessions. However, we observed inconsistencies in minutes in agenda items and how lessons learnt, and actions were identified.
- We looked at minutes from the last six clinical governance meetings prior to inspection. These meetings had taken place, as planned, every month.

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

This is an improvement from the last inspection, when three of the planned meetings had not taken place. We saw that incidents and serious incidents were standing agenda items for these meetings and actions were allocated an owner and a deadline for completion.

- Managers had made a change to the minutes for the June clinical governance meeting to include a list of actions carried forward, the action owner and a RAG rating/date completed column. This made it clearer which actions were still outstanding and who was responsible for ensuring completion.
- Staff did not ensure actions from wellbeing centre meeting minutes had a completion date or were carried forward to subsequent meetings. We looked at minutes for the last two wellbeing centre meetings prior to the inspection. These meetings were attended by a range of staff including doctors, nurses, healthcare workers and members of the multi-disciplinary team and recorded recent incidents and concerns. However, actions were not given a completion date or carried forward to the next meeting, so it was difficult to see if the action had been completed or was ongoing.
- We looked at the May and June 2019 team meeting minutes for Redwood ward. These minutes were brief but did have the ward improvement plan as an agenda item, which was to discuss lessons learnt and what is expected of ward staff in order to improve.
- Managers had made some improvements to the service following lessons learnt. For example, after two occasions where patients had barricaded themselves into the office, anti-barricade doors had been ordered
- Psychology staff analysed incident form data and reported on trends at ward rounds and clinical governance meetings.
- Managers and staff confirmed that debrief meetings with staff and patients took place after incidents occurred.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

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

(for example, treatment is effective)

- We did not inspect this key question at this inspection.

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

- We did not inspect this key question at this inspection.

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

(for example, to feedback?)

- We did not inspect this key question at this inspection.

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

We did not rate this service at this inspection

Leadership

- At the time of the inspection, there were interim senior management arrangements in place at the hospital. Senior managers we spoke with demonstrated a good understanding of the hospital challenges and priorities and staff we spoke with told us that senior managers were visible and had communicated well during a time of uncertainty. Staff we spoke were complimentary of their ward managers and senior nurses. They told us they felt supported by senior members of staff, especially when they were struggling with elements of their role. All staff continued to have regular supervision, which was effective.

- Staff knew the provider's whistleblowing policy and said that they were confident to raise concerns without the fear of reprisals. There were no bullying and harassment cases reported to be under investigation at the time of the inspection.
- Staff cited cohesive teams and peer support as factors in enabling them to provide care and treatment to patients. Staff gave us examples of collaborative working across wards, for example ward managers liaising to provide room search training to new staff.

Governance

- Staffing had improved since the last inspection. The provider had created new posts and successfully recruited healthcare workers and a social worker into permanent positions. However, the vacancy rate for qualified nurses remained high and the service held vacancies for a permanent clinical psychologist/head of therapies and a number of support staff. Governance meeting minutes from June noted an action to continue with a site recruitment plan to address this.
- Managers had improved oversight of the recording of serious incidents since the last inspection and there was improved identification of lessons learnt and sharing with staff. Ward managers were carrying out more spot checks to identify issues and ensure staff were adhering to Priory group policies and procedures.
- Managers were not ensuring that body maps were being completed fully or uploaded online after every incident.
- Clinical governance monthly meetings were being held regularly as planned, and managers had recently made a change to the minutes to reflect actions outstanding and dates for completion. However, we observed inconsistencies in minutes in agenda items and how lessons learnt, and actions were identified

Culture

- We spoke with 11 members of staff. Most of the staff we spoke with felt respected, supported and valued. Staff told us that morale had improved following an increase in staffing and it was a happy staff team. However, one member of staff told us that they would like more positive feedback and recognition for the work they did and that this was not always forthcoming from senior managers.
- Staff felt able to raise concerns without fear of retribution and knew about the whistle-blowing process.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. Reflective practice sessions, facilitated by psychology staff, were available for staff as a confidential place to explore feelings and gain support. Facilitators used innovative methods in these session, for example using sand trays and creative imagery to allow participants different ways to express themselves

Child and adolescent mental health wards

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are child and adolescent mental health wards safe?

Safe staffing

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staffing had improved since the last inspection. The service had a 50% vacancy rate for registered nurses as of June 2019. This was lower than the vacancy rate of 100% reported at the last inspection (January 2019).
- The service had recently undertaken a successful recruitment campaign and had 15 new starters on 10 June 2019, including three nurses and two speech and language therapists. Ten new starters were due to start working at the hospital on 8 July 2019. At the time of the inspection, 25 people were due to attend an assessment and interview day for healthcare assistants on 25 June 2019.
- The service reported a vacancy rate of 14% for healthcare assistants. This was lower than the vacancy rate of 33% reported at the last inspection.
- The service had successfully employed a permanent social worker since the last inspection.
- Managers had made improvements to the recruitment and interview process to ensure that prospective staff had a clear and realistic idea of what working at the hospital would entail.
- The service had employed an additional nurse on Woodlands ward to work between the hours of nine to five to cover staff breaks.
- The service had allocated an additional member of senior nursing staff to work in the role of night co-ordinator, on a rota basis. Night co-ordinators were responsible for ensuring adequate night cover across the hospital, covering gaps where necessary, and alerting day staff to any staffing issues for the day ahead in a timely manner.
- The service had continuing high use of bank and agency nurses and healthcare assistants to cover sickness, absence or vacancy for staff. In the two weeks prior to the inspection, 389 out of 549 shifts had been covered by Priory bank or agency staff. Many bank and agency staff had worked at the hospital for between six months and two years so were familiar with the service and the patients and, wherever possible, managers booked these staff. However, there were still occasions where patients had unfamiliar staff working with them. Patients, and the carer, we spoke with told us that this could make it more difficult to build a trusting relationship with staff.
- Managers ensured that all bank and agency staff had a full induction and were offered support and supervision.
- New permanent and bank staff received one day training which covered nurture, attachment theory and behaviour, attachment and children with an autistic spectrum condition (ASC), behaviour management and enabling. However, the provider accepted agency staff with no specialist training in working with children and adolescents.
- Levels of sickness were reducing at the time of inspection. The sickness rate for this service was 7% between June 2018 and June 2019. Data provided at the last inspection in January 2019, showed the sickness rate for staff on Cherry Oak between 1 October 2017 and 30 September 2018 was 30% and on Woodlands it was 56%.
- Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients.

Child and adolescent mental health wards

- During the inspection, we looked at the staffing rotas for the previous two weeks and found that the number of staff needed for each shift on all three wards matched the number who worked, with no shifts left unfilled. On four occasions on Cherry Oak ward the ward manager, who was a registered nurse, had made up the numbers on shift.
- Staff members we spoke with, including, managers, doctors, nurses and healthcare assistants told us that staffing had improved recently. All healthcare staff told us they were consistently getting their breaks which had led to an increase in staff morale.
- One member of staff told us that there were still times when they were too busy with their other duties to engage in non-timetabled activities, such as football, with patients.
- Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. We spoke with four patients and none of them were concerned about leave or activities being cancelled.
- The service had enough staff on each shift to carry out any physical interventions safely.

Medical staff

- The service had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency. The CAMHs service employed one permanent consultant psychiatrist and one associate specialist as well as locum cover for the night.
- Since the last inspection, managers had ensured that locum doctors, who did not have specialist training in psychiatry, had received additional supervision and training from their agency in the mental health act. They also had the opportunity to shadow speciality doctors and to observe ward rounds.
- We spoke with two locum doctors. Both doctors told us that their skills and confidence in managing patients with challenging behaviour and reviewing risk had increased. This had been a concern at the last inspection. We viewed the supervision records of both locum doctors and could see they had regular, monthly supervision for the past four months prior to the inspection. The supervision notes were very brief, but doctors told us that supervision was effective and they could discuss their training needs and receive training in an identified topic during these sessions.

Assessing and managing risk to patients and staff

- Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. We observed evidence of risk assessments and care plans being updated effectively after incidents.
- There was comprehensive CCTV coverage of all communal areas of the wards as the hospital had contracted an external company, employing qualified staff, to provide 24-hour CCTV monitoring. Staff used CCTV to monitor patient safety and to review incidents and inform staff training and lessons learnt. Some patient bedrooms were also monitored where consent had been given and/ or the responsible clinician had deemed this to be in the best interest of the patient. We looked at six reports from the external company providing this service and reviewers had observed that regular checks of the bedrooms, bathrooms, corridors and lounges were evident throughout the review period and staff-patient ratios appeared good. Managers used CCTV recordings to review incidents and inform staff training and lessons learnt.
- Staff did not consistently complete observation records in accordance with the provider's policy. On Cherry Oak ward, we looked at three observation sheets for the previous two weeks prior to the inspection. For one patient, their sheet did not state their current level of observations. One observation sheet was completed correctly with no issues. One observation sheet had two missing signatures and one missing counter-signature, and another observation sheet had one missing signature and two missing counter-signatures. This meant we could not be assured that these patients were checked on at that time as per the observation policy.

Medicines management

- On Cherry Oak ward, we found three opened bottles of over the counter medicine that had not been labelled with the date of opening. Staff could not be assured that these medicines would be effective or safe for patient use.
- Staff reviewed patient's medicines regularly and provided specific advice to patients
- The pharmacist completed regular audits and any actions identified were addressed. The pharmacist was available to give advice to doctors and nursing staff, including during out of office hours.

Child and adolescent mental health wards

Track record on safety

- Between April 2019 and June 2019 there were 45 serious incidents reported by this service. There was an increased number of incidents on Cherry Oak ward in June 2019 with nine being reported compared to one incident in April 2019 and one in May 2019.
- Cherry Oak and Woodlands wards had the highest number of serious incidents of aggression and violence towards staff with five being reported on Cherry Oak in the three months prior to the inspection.

Reporting incidents and learning from when things go wrong

- Managers had ensured that incident reporting had improved since the last inspection by reviewing and providing further training. Staff told us they were now expected to report incidents onto the electronic system before the end of their shift, wherever possible, with the assistance of a colleague if necessary. On Cherry Oak, staff were still completing paper incident forms, however during the inspection all the forms we looked at had been uploaded apart from one, where the incident had happened the day before the inspection. Ward managers were carrying out spot checks to ensure all incidents were reported and any paper forms were being uploaded in a timely manner.
- All staff knew what incidents to report and how to report them. All incidents from the previous 24 hours were reviewed by managers at the early morning review and outstanding issues followed up by ward managers.
- We looked at 11 incident reports. We found that nine incident reports gave a description of the incident and how staff responded, lessons learnt and how staff and patients were supported after the incident. In two of the incident reports, details of the incident were briefer and had less detail. We saw evidence that care plans and risk assessments were updated after incidents.
- Staff did not consistently complete body maps for patients following incidents. On Woodlands, staff had completed body maps appropriately for all incidents or noted that a body map was not applicable. On Cherry Oak, we found two incident reports where a body map was completed on paper, but not completed on-line and two reports where we found no body map either on the paper or online copy of the report. Clinical governance meeting minutes from June 2019 included a need to remind all staff to complete body maps as soon as possible after incidents. We were not assured that all information would be available to aid investigations, when required.
- Staff discussed incidents and learning points in team meetings and monthly wellbeing centre meetings. A lessons learnt bulletin was published and shared with staff via e-mail and supervisors checked staff learning during individual supervision sessions.
- Psychology staff analysed incident form data and reported on trends at ward rounds and clinical governance meetings.
- We looked at minutes from the last six clinical governance meetings prior to inspection. These meetings had taken place, as planned, every month. This was an improvement from the last inspection, when three of the planned meetings had not taken place. We saw that incidents and serious incidents were standing agenda items for these meetings and actions were allocated an owner and a deadline for completion. Managers had made a change to the minutes for the June 2019 clinical governance meeting to include a list of actions carried forward, the action owner and a RAG rating/date completed column. This made it clearer which actions were still outstanding and who was responsible for ensuring completion.
- Staff did not ensure actions from wellbeing centre meeting minutes had a completion date or were carried forward to subsequent meetings. We looked at minutes for the last two wellbeing centre meetings prior to the inspection. These meetings were attended by a range of staff including doctors, nurses, healthcare workers and members of the multi-disciplinary team. The minutes recorded recent incidents and concerns. However, actions were not given a completion date or carried forward to the next meeting, so it was difficult to see if the action had been completed or was ongoing.
- Managers had made some improvements to the service, following lessons learnt. For example, following two occasions where patients had barricaded themselves into the office, anti-barricade doors had been ordered. We saw another example, where staff had liaised with a patient's carers to learn from them effective strategies for challenging behaviour. However, in two records lessons learnt were vague. For example, in one incident report the lesson learnt was 'be vigilant'. Staff were not

provided with clear guidance to improve practice. In another incident report, the lessons learnt were recorded as 'patient factors' and it was unclear what this meant.

- Managers and staff confirmed that debrief meetings with staff and patients took place after incidents occurred. Staff on Cherry Oak reported feeling burnt out and needing more support following a high number of recent incidents on this ward.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Are child and adolescent mental health wards effective?
(for example, treatment is effective)

We did not inspect this key question at this inspection.

Are child and adolescent mental health wards caring?

We did not inspect this key question at this inspection.

Are child and adolescent mental health wards responsive to people's needs?
(for example, to feedback?)

We did not inspect this key question at this inspection.

Are child and adolescent mental health wards well-led?

Leadership

- At the time of the inspection, there were interim senior management arrangements in place at the hospital. Senior managers we spoke with demonstrated a good understanding of the hospital challenges and priorities and staff we spoke with told us that senior managers were visible and had communicated well during a time of uncertainty. There had also been recent changes at ward manager level. Staff we spoke were complimentary of their ward managers and senior nurses. They told us they felt supported by senior members of staff, especially when they were struggling with elements of their role. All staff continued to have regular supervision, which staff told us was effective.
- Staff cited cohesive teams and peer support as factors in enabling them to provide care and treatment to patients. Staff gave us examples of collaborative working across wards, for example ward managers liaising to provide room search training to new staff.

Governance

- Staffing had improved since the last inspection. The provider had created new posts and successfully recruited healthcare workers and a social worker into permanent positions. However, the vacancy rate for qualified nurses remained high and the service held vacancies for a permanent clinical psychologist/head of therapies and a number of support staff. Governance meeting minutes from June noted an action to continue with a site recruitment plan to address this
- Managers had improved oversight of the recording of serious incidents since the last inspection and there was improved identification of lessons learnt and sharing with staff. Ward managers were carrying out more spot checks to identify issues and ensure staff were adhering to Priory group policies and procedures.
- Clinical governance monthly meetings were being held regularly as planned, and managers had recently made a change to the minutes to reflect actions outstanding and dates for completion. However, we observed inconsistencies in minutes in agenda items and how lessons learnt, and actions were identified.
- Managers were not ensuring that body maps were being completed fully or uploaded online after every incident.

Culture

- We spoke with 11 members of staff. Most of the staff we spoke with felt respected, supported and valued. Staff on Woodlands ward told us that morale had improved following an increase in staffing and it was a happy staff team. .
- Staff morale was lower on Cherry Oak where staff were carrying out high intensity observations, and there were a higher number of incidents of violence and aggression

against staff. Clinical governance meetings from June 2019 noted that staff on Cherry Oak were feeling 'very beaten down'. There were no actions noted in these minutes as to how this was going to be addressed.

- Staff felt able to raise concerns without fear of retribution and knew about the whistle-blowing process.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. Reflective process sessions, facilitated by psychology staff, were available for staff as a confidential place to explore feelings and gain support. Facilitators used innovative methods in these session, for example using sand trays and creative imagery to allow participants different ways to express themselves.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that agency staff employed to work shifts have appropriate, specialist training and experience to provide them with the necessary skills to meet the needs of the patients at the hospital.
- The provider must ensure that body maps are completed, or recorded as not applicable, after every incident.
- The provider must ensure that staff always follow the Priory observation policy and procedures.
- The provider must ensure that opened bottles of medicines are labelled with the date of opening.

Action the provider SHOULD take to improve

- The provider should ensure there is an action plan to address staff burnout and reduced morale on Cherry Oak ward.
- The provider should ensure consistency in meeting agenda items and minutes across the hospital regarding lessons learnt, including identifying actions and completion dates within the minutes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not ensure that body maps were completed, or recorded as inappropriate, after every incident. • The provider did not ensure that staff always followed the Priory observation policy and procedures to ensure that observations sheets were being correctly signed and counter-signed. • The provider did not ensure that staff labelled opened bottles of medicine with the date of opening.