The Priory Hospital Roehampton

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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 Roehampton as **good** because:

- Staff provided emotional and practical support for patients. Staff took the time to understand patients and their needs and were sensitive, discreet and compassionate when providing care. Patients reported that staff were polite and helpful and treated them with kindness and respect.
- Staff undertook a comprehensive risk assessment of all patients when they were admitted. Specific areas of potential risk were highlighted and staff put in place effective risk management plans. Potential patient risks were reviewed during nursing handovers and multidisciplinary meetings. Patients had comprehensive mental and physical health assessments when they were admitted to the hospital. Patients mental and physical health were reviewed regularly during their admission.
- Patients' treatment followed best practice guidance, including guidance from the National Institute for Health and Care Excellence (NICE). Patients had access to a range of evidence-based psychological treatment and therapy.
- Patients were involved in their care. They developed their own care plans and their individual needs were met. Staff involved patients' relatives or carers in their care and treatment, if the patient consented.
- The hospital safeguarding lead was a qualified social worker. They met with the substance misuse therapy team each week to discuss patients. The aim of this meeting was to identify if any safeguarding issues had arisen during patient therapy groups.
- The acute wards provided support groups for the family members and carers of patients. These included sessions with and without the patient being present.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. We saw examples of where staff had made improvements to the service as a result of feedback from patients, families and carers.
- Senior leaders provided strong leadership. Two new senior managers had, in a short space of time, made a demonstrable impact to the safety and quality of care provided to patients. Staff found ward managers and senior managers accessible and approachable. Staff felt confident that they could raise concerns. Staff spoke highly of the management team and their colleagues, and felt respected, supported and valued. Senior managers met monthly with staff for breakfast. This provided an opportunity for informal conversations to generate ideas and discuss issues.
- There was a comprehensive governance system to monitor the quality and safety of services. This included a system of audits, procedures and practices which monitored the safety and quality of care. For example, the system of audits for patients having substance misuse detoxification was detailed and ensured best practice guidance was followed at each stage of treatment. Significant amounts of managers' time was focused on identifying how the safety and quality of care could be improved. Incidents and mistakes were viewed as learning opportunities and there was shared learning across the services. There was a culture of openness and transparency.

However:

- Staff did not provide written information to patients that left alcohol or drug detoxification treatment early. Patients were verbally given advice from staff regarding their reduced tolerance and complications of alcohol withdrawal such as seizures. The ward manager planned to produce written information for patients shortly after the inspection.

Summary of findings

- Although Lower Court filled shifts for registered nurses with bank and agency staff, there were five registered nurse posts vacant at the time of the inspection. There was potential for this to affect the consistency of care to young people.
- Some patients being admitted for alcohol or drug detoxification did not provide consent for hospital staff to contact their GPs. This meant information concerning potential risks in detoxification treatment was only based on information the patient provided. However, patients had a comprehensive assessment on admission and their detoxification was monitored closely. Any risks to the patient during treatment were identified quickly.
- For two hours a day, young people on Lower Court could only access their bedrooms with the support of staff using a fob system. This restriction meant young people could not get to their bedrooms without staff assisting.
- The garden on East Wing was bare with high fences. The garden lacked comfort and did not allow for a therapeutic atmosphere.
- Three young people on the child and adolescent eating disorders ward, Priory Court, said that some staff were rude and made inappropriate comments.
- Four young people on the child and adolescent mental health ward, Lower Court, said that staff did not always knock on their bedroom doors before entering.
- Some young people on Priory Court described a lack of activities at weekends which led to them becoming bored.

Summary of findings

Contents

Good

The Priory Hospital Roehampton

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Child and adolescent mental health wards; Specialist eating disorders services; Hospital inpatient-based substance misuse services

Summary of this inspection

Background to The Priory Hospital Roehampton

The Priory Hospital Roehampton is an independent hospital that provides support and treatment for people with mental health problems and substance misuse problems.

This location is registered to carry on the following regulated activities:

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

Treatment of disease, disorder or injury

At the time of our inspection, the service had the following wards:

East Wing is a mixed ward for 10 adults with eating disorders.

Garden Wing is a private mixed ward for adults experiencing acute mental illness. It provides services for up to 15 patients.

Lower Court provides care and treatment for up to 12 children and adolescents experiencing an acute episode of mental illness.

Priory Court is a mixed gender eating disorders ward for up to 18 children and adolescents.

West Wing is a private mixed ward for 21 adult patients with acute mental illness and for patients receiving substance misuse treatment.

Following our last comprehensive inspection in November 2017, we rated this location as requires improvement overall.

The acute wards for adults and psychiatric intensive care units were rated as requires improvement for being Safe and Responsive, and good for being Effective, Caring and Well-Led. The overall rating for acute wards for adults and psychiatric intensive care units was requires improvement.

The child and adolescent mental health wards was rated as good overall, and good for being Safe, Effective, Caring, Responsive and Well-Led.

The specialist eating disorder services were rated as requires improvement for being Safe and Responsive, and good for being Effective, Caring and Well-Led. The overall rating for specialist eating disorder services was requires improvement.

CQC did not rate independent substance misuse services at the time of the November 2017 inspection. As a result of our findings at the inspection in November 2017, we served the provider with a letter of intent to take immediate enforcement action under section 31 of the Health and Social Care Act 2008 regarding the safety of patients receiving treatment for drug and alcohol use on West Wing. The provider voluntarily suspended the admission of new patients requiring medically assisted withdrawal to the service and submitted an action plan to the CQC.

Following the November 2017 comprehensive inspection, we issued the provider with three requirement notices for breaches of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as follows:

Regulation 10 – Dignity and respect

Regulation 12 – Safe care and treatment

Regulation 18 – Staffing

We told the provider to take the following actions:

• The provider must ensure that the East Wing service for acute patients is relocated to a safer environment with less potential risks as soon as possible.

• The provider must ensure they meet timescales for the renovations of West Wing and Garden Wing to create a safe environment for acutely unwell patients. The provider must review whether they feel sufficient mitigations are in place to keep patients safe during the renovation period. The provider must ensure they keep stakeholders including the CQC updated on their progress.

• The provider must ensure that systems are put in place to check on mandatory training undertaken by junior doctors working on the wards.

Summary of this inspection

• The provider must ensure that patients on Garden Wing have privacy on the ward and that their dignity is not compromised.

• The provider must ensure that they meet agreed timescales to refurbish the small dining room on Upper Court, to provide a positive therapeutic environment.

• The provider must ensure that staff on West Wing comprehensively assess and appropriately manage risks for patients with substance misuse needs on admission. This includes assessing for alcohol related seizures and delirium tremens, completing cognitive assessments prior to treatment commencing and assessing whether the patient is in contact with dependent adults or children.

• The provider must ensure that staff on West Wing supporting patients with substance misuse needs have the correct skills, knowledge and competence to recognise withdrawal symptoms and complete relevant withdrawal tools accurately. This includes staff recording how they come to a decision to administer a specific dose to a patient requiring PRN (as required) medication.

• The provider must ensure that medical and nursing staff on West Wing supporting patients with substance misuse needs carry out comprehensive physical health checks and drug testing prior to treatment commencing. This includes staff carrying out relevant blood tests and pregnancy tests.

• The provider must ensure that there are governance systems in place to assess, monitor, and improve the quality and safety of the substance misuse service on West Wing.

We carried out a focused inspection of the substance misuse/detoxification service on 17 January 2018 to check that the provider had followed their action plan and had addressed the issues outlined in the letter of intent.

Immediately following that inspection, we informed the provider that they had made sufficient progress to improve patient safety and they could start admitting patients who required medically assisted withdrawal from 18 January 2018.

There were three continuing breaches of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as follows:

Regulation 12 – Safe care and treatment

Regulation 17 – Good governance

Regulation 18 – Staffing

We told the provider to take the following actions:

• The provider must ensure staff comprehensively assess and appropriately manage patient risk on admission. This includes assessing for alcohol related seizures and delirium tremens, completing cognitive assessments prior to treatment commencing and assessing whether the patient is in contact with dependents or adults.

• The provider must ensure staff have the correct skills, knowledge and competence to recognise withdrawal symptoms and complete relevant withdrawal tools accurately. This includes staff recording how they come to a decision to administer a specific dose to a patient requiring PRN (as required) medication.

• The provider must ensure there are governance systems in place to assess, monitor and improve the quality and safety of the service. This includes ensuring they fully embed the new policies and procedures and staff learning into the service and that learning is shared across the provider's other residential detoxification services.

At the November 2017 inspection Upper Court was a ward with 16 beds for adults with eating disorders. By the time of this inspection, the provider had moved the ward to East Wing and decreased the bed numbers to ten. Staff and patients moved to this fully refurbished ward in January 2019.

There was a registered manager in post at the time of our inspection.

Summary of this inspection

Our inspection team

The team that inspected the hospital comprised seven CQC inspectors, a CQC inspection manager, four specialist advisors and an expert by experience. The specialist advisors were all senior nurses with experience of the services inspected. An expert by experience is a person with experience of using similar services.

Why we carried out this inspection

We undertook a comprehensive inspection of this hospital as part of our comprehensive inspection programme. We also checked that the provider had made the required improvements identified following our previous inspections.

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 asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the five wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with the senior management team at the hospital, including the hospital managing director, medical director, director of nursing and director of clinical services;
- spoke with 21 patients who were using the service, and the carer of one patient;
- spoke with the ward managers or acting managers for each of the wards;
- spoke with 32 other staff members; including doctors, nurses, a dietitian, an occupational therapist and healthcare support workers;
- attended and observed one hand-over meeting;
- attended and observed a creative writing workshop on one ward
- collected feedback from ten patients using comment cards;
- looked at 23 care and treatment records of patients;
- reviewed 34 prescription records of patients;
- carried out a specific check of the medication management on the wards; and

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

What people who use the service say

Patients who used the service were positive about the staff and treatment provided. Patients mentioned that staff were caring, kind, compassionate and that they had enough support during their stay at the hospital. Three patients said that the hospital felt like home and not a hospital, and that they had always been treated with warmth, respect and kindness.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated **safe** as **good** because:

- Staff undertook a comprehensive risk assessment of all patients when they were admitted. Specific areas of potential risk were highlighted and staff put in place effective risk management plans. Potential patient risks were reviewed during nursing handovers and multidisciplinary meetings. Patients having alcohol or drug detoxification had a pre-admission risk assessment, and were only admitted if risks could be managed by the hospital. Patients having alcohol detoxification are particularly at risk of serious complications during treatment.
- The management team worked hard to ensure safe staffing levels, and there were very few nursing shifts that were short of staff. 'Flash meetings' took place daily where staffing and patient risks were reviewed for all patients in the hospital. Staff were redeployed as required to ensure patients were kept safe.
- There had been a number of changes to minimise the risks of the ward environments. Due to restrictions on building development a number of ligature risks remained. However, these risks were effectively minimised by the thoughtful positioning of staff, closed-circuit television cameras, admission criteria, use of observations by staff and individual patient risk assessment.
- Staff knew how to identify issues requiring adult and children safeguarding referrals. Staff could describe direct and indirect risks to adults at risk and children. The hospital safeguarding lead met with the substance misuse therapy team weekly. The aim of this meeting was to identify if any safeguarding issues had arisen in patient therapy groups.
- Staff were trained in using physical interventions. When it was necessary to restrain a patient they were not restrained in the prone position. This followed guidance from the National Institute for Health and Care Excellence (NICE) (Violence and aggression: short-term management in mental health, health and community settings, 2015). There had been 206 incidents of restraint in the last three months. The majority of these restraints concerned a small number of young people.

Summary of this inspection

- Overall, over 75% of staff had completed mandatory training. This meant staff had the knowledge and skills necessary for their roles. Most staff members who had not completed individual mandatory training courses were booked to undertake them.
- Emergency equipment and emergency medicines were in place on all the wards and were checked by staff regularly. On West Wing, the staff response to a patient having a seizure was textbook.

However:

- If patients left alcohol or drug detoxification treatment early they were not provided with written information concerning their safety after they left hospital. Patients were verbally given advice from staff regarding their reduced tolerance and complications of alcohol withdrawal such as seizures. The ward manager planned to produce written information for patients shortly after the inspection.
- Although Lower Court filled shifts for registered nurses with bank and agency staff, there were five registered nurse posts vacant at the time of the inspection. There was potential for this to affect the consistency of care to young people.
- Some patients being admitted for alcohol or drug detoxification did not provide consent for hospital staff to contact their GPs. This meant information concerning potential risks in detoxification treatment was only based on information the patient provided. However, the systems for monitoring the care and treatment of patients having detoxification minimised risks to the physical health of patients.
- For two hours a day, young people on Lower Court could only access their bedrooms with the support of staff using a fob system. This restriction meant young people could not get to their bedrooms without staff assisting.
- The nasogastric feeding rooms on East Wing did not provide a clean environment. The seats and trolley for nasogastric feeding were unclean. There were no cleaning records available to show when the rooms had last been cleaned. We raised this during the inspection and the provider responded immediately.

Are services effective?

Good

We rated effective as **good** because:

- Patients had comprehensive mental and physical health assessments when they were admitted to the hospital. Patients mental and physical health were reviewed regularly during their admission.

Summary of this inspection

- Patients' treatment followed best practice guidance, including guidance from NICE, such as depression in adults: recognition and management (NICE, 2018) and psychosis and schizophrenia in adults: recognition and management (NICE, 2014). Patients had access to a range of evidence-based psychological treatment and therapy.
- Clinical audits were undertaken frequently and the results were used by staff to monitor and improve patient care. The system of audits for patients having substance misuse detoxification was detailed and ensured best practice guidance was followed at each stage of treatment.
- Different healthcare professionals worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service made sure staff were competent to carry out their roles Staff had access to regular supervision, appraisals and team meetings.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Are services caring?

Good

We rated **caring** as **good** because:

- Staff provided emotional and practical support for patients. Staff took the time to understand patients and their needs and were sensitive, discreet and compassionate when providing care. Patients reported that staff were polite and helpful and treated them with kindness and respect.
- Patients were involved in their care. They developed their own care plans and their individual needs were met. Staff involved patients' relatives or carers in their care and treatment, if the patient consented.
- The acute wards provided a range of support groups for carers and family members of patients. This included group sessions with patients and group sessions for families and carers alone
- Patients were asked to complete a survey, 72 hours after they were admitted to the hospital. This survey focused on practical matters, such as whether patients had been provided with information and the quality of the food. A quarterly patient

Summary of this inspection

survey was also undertaken and the provider used the feedback to improve services. Patients could also feedback about the service in other ways, Patients were able to provide feedback in ways that suited their individual needs.

However:

- Three young people on the child and adolescent eating disorders ward, Priory Court, said that some staff were rude and made inappropriate comments. Four young people on the child and adolescent mental health ward, Lower Court, said that staff did not always knock on their bedroom doors before entering.

Are services responsive?

Good

We rated **responsive** as **good** because:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. We saw examples of where staff had improvements to the service as a result of feedback from patients, families and carers.
- Plans for patients' discharge started when they were admitted to hospital. This prevented patients' discharge being delayed.
- Patients' relatives and carers were involved in their care and were invited to multidisciplinary meetings.
- Changes to the environment on Garden Wing ensured that patients with reduced mobility could receive care and treatment. Three bedrooms with ensuites had been adapted for use by patients using wheelchair.
- Staff and managers knew how to contact interpreters and obtain information for patients in non-English languages.

However:

- The garden on East Wing was bare with high fences. The garden lacked comfort and did not allow for a therapeutic atmosphere.
- Some young people on Priory Court described a lack of activities at weekends which led to them becoming bored.

Are services well-led?

Good

We rated **well-led** as **good** because:

- Two new senior managers had been recruited to the hospital recently and joined the existing senior management team. In a short space of time they had made a demonstrable impact to the safety and quality of care provided to patients. This included developing a strong safety culture of learning from incidents and complaints.

Summary of this inspection

- Staff found ward managers and senior managers accessible and approachable. Staff felt confident that they could raise concerns. Staff spoke highly of the management team and their colleagues, and felt respected, supported and valued. They told us that since the last inspection many positive changes had been made and they felt supported during this process.
- There was a comprehensive governance system to monitor the quality and safety of services. This included a system of audits, procedures and practices which monitored the safety and quality of care. A significant amount of managers time was focused on identifying how the safety and quality of care could be improved. Incidents and mistakes were viewed as learning opportunities and there was shared learning across the services. There was a culture of openness and transparency.
- Senior managers engaged with staff to get ideas for the overall improvement of the service. They met weekly with staff for breakfast. This was an opportunity for informal conversations to generate ideas and discuss issues.
- The senior management team had a strategic focus. The director of nursing had started to engage with other services and higher education institutions to adopt best practice and to tackle emerging areas of concern. Liaison with other services meant that staff in the hospital learnt from other services.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Mental Health Act training had been completed by over 80% of staff, with further staff due to attend and complete it by a set date. We found that staff had a good understanding of the Mental Health Act, the code of practice and guiding principles.

At the time of our inspection, there were 17 patients detained under the Mental Health Act. Their Mental Health Act paperwork had been completed correctly and was up to date. Staff told us that there was a system to prompt staff to explain to patients their rights under the Mental Health Act, and we found evidence of this.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act. There was a dedicated Mental Health Act administrator who also completed a system of audits to ensure the Mental Health Act was being applied correctly.

Where required, patients had regular access to an independent mental health advocate who visited the ward upon request. Patients were offered the support of independent mental health advocates or automatically referred if they lacked capacity. Staff were aware of how to refer to independent mental health advocates and there was information about advocacy services in patient areas.

Mental Capacity Act and Deprivation of Liberty Safeguards

Eighty-four per cent of staff had completed Mental Capacity Act training and 93% of staff had completed Deprivation of Liberty Safeguards training.

Staff had a good understanding of the Mental Capacity Act and the five statutory principles.

The provider had a policy on the Mental Capacity Act and staff confirmed they were aware of and had access to it. Should staff require further advice they contacted the Mental Health Act office which was on site.

Staff gave patients every possible assistance to make a specific decision for themselves. All patients' capacity to consent to treatment was considered on admission to hospital. If patients required a mental capacity assessment this was recorded appropriately.

There had been no concerns raised regarding capacity or decision making for patients currently living at the service. However, staff informed us that in the event of impaired capacity, they would make decision in the best interests of patients, recognising the importance of the person's wishes, feelings, culture and history.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and acted on any learning that resulted from it.

For young people under the age of 16, staff used the Gillick competency test. The Gillick competence is used by staff to decide if a child 16 years or younger is able to consent without the need for parental permission.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Specialist eating disorder services	Good	Good	Good	Good	Good	Good
Hospital inpatient-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good

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

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

Good

Safe and clean environment

Safety of the ward layout

- At our last inspection in November 2017, we found that East Wing had potential environmental risks which compromised patient safety on the ward. At this inspection, the provider had refurbished this ward and it now admitted eating disorder patients. Acute patients were now only admitted to Garden Wing and West Wing. Ligature risks remained on Garden Wing and West Wing. However, clear admission criteria for patients, the use of closed-circuit television cameras and the positioning of staff so that patients could be easily observed minimised these risks.
- Staff undertook regular risk assessments of the environment. A staff member carried out environmental checks of the ward during the day. This included any ligature risks, broken items and unpleasant odours.
- The layout of the wards meant staff could not observe all parts of the wards easily. However, the wards had a closed-circuit camera system to monitor all areas of potential risk, including entrances, exits, corridors and common areas. The system was also used in bedrooms if patients consented. One member of staff was allocated to undertake regular patient observations and check patients' whereabouts to ensure patient safety.
- Ligature risk assessments were undertaken on both wards on an annual basis, which included an audit of blind spots. Action plans were in place for areas where risks were identified. Potential ligature points were identified and known by staff. All patients admitted to the wards had an assessment of potential risks, which considered the ward environment. Any risks identified were managed with the use of patient observation and 'safer bedrooms' with a reduced ligature environment.
- Health and safety audits were completed monthly and discussed in the health and safety committee meeting. The last audit was dated 18 February 2019, and there were clear actions from the health and safety audit listed in the team meeting minutes.
- Fire risk assessments had been completed for all wards. Each ward completed monthly fire drills to ensure staff knew the safe procedures to follow in the event of an evacuation being required. Managers had developed action plans to address identified risks, which were monitored at the integrated governance meeting.
- The wards were mixed sex and followed current guidance on mixed sex accommodation. The ward had separate corridors for male and female patients and all bedrooms had ensuite bathrooms. A staff member was situated on the female bedroom corridors at all times, monitoring the patient flow on the corridor. Both wards had a separate lounge for female patients.
- Staff had access to alarms and patients had access to nurse call systems. Staff were trained in the use of personal alarms, which were tested at regular intervals. The nurse call systems for patients were placed throughout the ward, including in the corridors and lounges.

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

Good

Maintenance, cleanliness and infection control

- Both wards were clean, had good furnishings and were well-maintained. At our last inspection in November 2017, we asked the provider to ensure that they met the timescales for renovations of Garden Wing and West Wing. At this inspection, we found that this requirement had been met. Garden Wing had recently been refurbished and the ward had bright, airy lounges for patient use. The general environment on the ward was very recovery focused and homely, with brand new furnishings and floors. West Wing was due for refurbishment in April 2019. We found that in the meantime patients were cared for in a clean, well-maintained environment.
- Cleaning records were up to date. We observed housekeeping staff on the wards following a checklist of cleaning tasks throughout their shift.
- Staff adhered to infection control principles, including handwashing. There were posters above basins on effective handwashing techniques. Hand gel and soaps were available to staff, patients and visitors throughout the ward. All staff completed infection control training which was mandatory.

Clinic room and equipment

- The clinic rooms on both wards had emergency drugs which staff checked regularly. The clinic room had a medicine cupboard, medicines refrigerator and physical health monitoring equipment. There was a controlled drugs cabinet which was locked and secure. All cupboards and the refrigerator were tidy, in order and kept locked. The resuscitation equipment was stored in a nearby staff office. The provider ensured all equipment was clean, well maintained and calibrated.

Safe Staffing

Nursing Staff

- There were enough staff with the right skills to provide safe care on the ward. The establishment levels were two registered nurses and two support workers during the day and night on each ward. The provider used a staffing ladder to identify how many staff should be on duty. Where there was more than one patient requiring constant nursing observation and engagement support, additional staff were put in place. The ward manager could adjust staffing levels daily to take account of case mix and this was discussed at management level on weekdays.
- In the previous three months there had been 794 shifts when bank or agency staff had filled shifts on the acute wards. There had been 22 shifts when agency and bank staff had not been filled. This included the acute ward that had subsequently closed. There had been improved staffing since the ward closed.
- Patients had access to staff when they needed. A member of staff was usually present in the nursing office for patients to access, particularly when requiring leave. There was also a nursing assistant in the female corridor who was available for patients to engage with.
- Staff told us that leave or ward activities were rarely cancelled and there were enough staff to carry out physical interventions safely if necessary. Patients had one-to-one time with key workers and this was recorded in care records.

Medical staff

- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The wards had permanent psychiatrists and out of hours arrangements for psychiatry cover were in place.

Mandatory training

- Most staff had received and were up to date with appropriate mandatory training. Overall, 95% of staff on Garden Wing had completed their mandatory training, or were assigned to complete it within a set period. Similarly, 92% of staff on West Wing had completed their training, with some assigned to complete it by a set date.
- Bank staff were provided with a corporate and ward based induction as well.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We reviewed seven care records. Staff used the provider's standard risk assessment tool. All patients had a comprehensive risk assessment and key risks were clearly highlighted. This was completed for every

patient upon admission. We found all identified risks had a risk management plan which was updated weekly or more frequently if the risk changed, including after any incidents.

- Positive risk management was evident in the risk management plans and risk management was conducted in collaboration with patients. Risk management plans were recovery orientated and recognised the positive aspects of the patient's presentation and motivation to change.

Management of patient risk

- Staff were aware of and dealt with any specific risk issues, such as physical health issues. Potential patient risks were highlighted in handover meetings and discussed further at length during multidisciplinary meetings. Multidisciplinary meetings were attended by psychiatrists, the ward manager, registered nurses and members of the therapy team.
- Staff identified and responded to changing risks to, or posed by, patients. Incidents involving patients were discussed at multidisciplinary meetings.
- Staff followed good policies and procedures for the use of observation, including to minimise risk, potential ligature points and for searching patients' bedrooms. Staff reviewed and documented patients' observation levels frequently. A member of staff was allocated to carry out regular observations throughout the day. Patients were informed of any restricted or banned items, and a list of these items could be viewed on the ward.
- There were no inappropriate blanket restrictions in use on the wards at the time of our visit. Restrictions were only applied when justified based on individual patient risk and patients were given the rationale behind it.
- Informal patients could leave at will and knew that. Most patients on the wards were informal. We found notices around the ward which detailed informal patients' rights. We saw patients taking leave in between their therapy sessions.

Use of restrictive interventions

- The provider had reviewed restrictive practices. If restrictions applied to individual patients these were included in the patient's care plan.
- There was no use of long term segregation or seclusion on either ward. Restraint was rarely used and only as a last resort. There were ten incidents of restraint in the previous three months. This included the acute ward that had subsequently been closed. None of these incidents involved prone restraint. Staff received training on the management of violence and aggression, the use of restraint and de-escalation techniques. A policy on the management of violence and aggression was in place to support staff. Where appropriate, staff understood and worked with the Mental Capacity Act definition of restraint.
- Incidents involving restraint were monitored across the service and disseminated and discussed within the governance structure of the hospital.
- There were no incidents involving the use of rapid tranquilisation in the previous three months.

Safeguarding

- The staff we spoke with were confident about how to recognise and report safeguarding concerns. Staff undertook training in safeguarding adults at risk, with 93% having completed or been assigned to attend the training across both wards. Staff gave examples of when they had identified and raised safeguarding issues. The hospital had a lead for safeguarding who acted as the main point of contact between the wards and the local authority safeguarding team. Staff recorded safeguarding activity in patient care records and discussed current issues at multidisciplinary and team meetings.
- The safeguarding lead maintained a log of safeguarding concerns raised with the local authority safeguarding team to monitor the progress and outcome of investigations.
- Patients had access to family visiting rooms off the ward where they could meet with visitors. There were child visiting arrangements in place with safeguarding checks, and contact with children for patients whilst on leave. Staff also completed training in safeguarding children, and 80% of staff across both wards had completed this training.

Staff access to essential information

- All staff had access to information needed to deliver patient care. Most patient records were electronically

held, with some mental health act documentation and correspondence in paper format. Bank and agency staff had access to this system and could add to the notes when required.

- The information could be viewed by staff across the hospital to ensure effective and timely communication.
- Information governance procedures guided staff to ensure patient information was handled correctly and protected from unauthorised access, loss, damage and destruction.

Medicines management

- Staff followed good practice in medicines management which was in line with national guidance. This included storage, dispensing, reconciliation and recording of medicines information.
- Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Medicines requiring refrigeration were stored appropriately and safely. Staff monitored the temperatures of clinic rooms and medicines refrigerators. This ensured medicines were stored at the correct temperature and were effective.
- Staff completed prescription records fully and accurately and medicines were prescribed in accordance with the consent to treatment provisions of the Mental Health Act. We saw there was a care plan in place and this listed the interventions staff should use before 'as required' medicines were used.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance (coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings, 2011; psychosis and schizophrenia in adults: recognition and management, 2014), especially when the patient was prescribed a high dose antipsychotic medicine.
- We looked at 25 patients' prescription records. All the records had been completed correctly, were clearly written and had prescribing that was within accepted practice. A pharmacist provided oversight and regular audit. Ward staff and clinicians told us about the comprehensive support provided by the external pharmacy company, which included a weekly visit to the wards. The pharmacist highlighted any discrepancies in the management of medicines. These were monitored centrally to ensure compliance.
- Patients had access to pharmacy support to provide information about their medicines and any changes in their medicine prescribing. There were also posters on Garden Wing ward notice board which informed patients on safe practice in self-administration and application of medicines.

Track record on safety

- The manager informed us that there had been six serious incidents in the last three months. The provider's threshold for determining if an incident was a serious incident was lower than that required in NHS services. All of these incidents had been thoroughly investigated.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and followed the provider's policy. Staff reported incidents using an electronic system, which alerted managers when incident reports were submitted. Incidents were reported appropriately and serious incidents had been notified to CQC and other agencies, for example, the Health and Safety Executive, where appropriate.
- Alerts about lessons learnt were shared with staff at handovers, team meetings and through the staff bulletin. This included findings from other hospitals in the Priory group.
- Staff received learning from the company that operated the closed-circuit television cameras on the wards. Any incidents were reviewed by clinical staff at the company and a report was sent to the hospital. Staff shared good practice and identified areas for improvement based on these reports.
- Staff could identify actions taken following incidents to prevent recurrence. For example, staff described how they had changed the process for ensuring that patients were physically well on admission. This was following an incident in which a patient had to be escorted to emergency services shortly after admission as they had overdosed prior to arriving at the hospital. The hospital

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

Good

senior management team sent a monthly learning bulletin to staff, which outlined the incidents on each ward and incident themes. A learning and outcomes group also took place every week to share learning from incidents internal and external to the service.

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 examined seven patient care records and all patients had comprehensive and timely assessments completed following admission to the hospital. This included information relating to the reasons for admission and any previous mental health history if known.
- A physical health examination had been carried out for all patients as part of the admission process. Staff treated and monitored patients with ongoing physical health care needs. On West Wing, all patients received physical health checks on a weekly basis. The provider had implemented a new system to track the time in which newly admitted patients were first seen by a doctor. This was monitored by the director of clinical services on a monthly basis.
- All patients had fully completed, individualised and up-to-date care plans that contained their views. All care plans were holistic and recovery orientated. The electronic record system indicated that patients had been offered a copy of their care plan. Patients confirmed they were involved in care planning and a copy had been offered to them.
- Patients' care plans were reviewed on a weekly basis to assess whether progress had been made towards objectives agreed at admission

Best practice in treatment and care

- The service provided a wide range of care and treatment interventions suitable for the patient group and as recommended by NICE (depression in adults: recognition and management, 2018; psychosis and schizophrenia in adults: recognition and management, 2014). This included
- medicines and psychological therapies. Dialectic behavioural therapy and cognitive behavioural therapy were available for patients.
- Patients had access to physical healthcare, including specialists when needed such as podiatrists, dentists and opticians. A speciality grade doctor assessed the physical health of patients during the admission process. All patients care records demonstrated their physical health was reviewed and monitored as part of their ongoing treatment.
- Staff supported patients to live healthier lives. For example, patients were supported with healthy eating advice, managing cardiovascular risks and screening for cancer. Staff also promoted smoking cessation and nicotine replacement.
- Staff used the Health of the Nation Outcome Scales rating scales (HoNOS) to assess the progress and outcomes of patients.
- Clinical audits were used within the service to monitor care being provided, Staff completed audits on care plans, risk management plans, infection control, prescription charts, clinic rooms and equipment.

Skilled staff to deliver care

- The two ward teams included, or had access to, a range of professionals to meet the needs of patients. The multidisciplinary team comprised of consultant psychiatrists, nurses, support workers, occupational therapists and psychologist therapists.
- Managers provided staff with an appropriate induction together with a programme of mandatory training both face to face and online.
- Staff were experienced and qualified to work within the service. Specialist training was available to staff, in addition to mandatory training, which was relevant to their posts. Training included phlebotomy, physical health training and dialectical behavioural therapy. Training on substance misuse was planned for all staff across the hospital.

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

Good

- Managers provided staff with regular clinical and managerial supervision. Staff had access to supervision from an external supervisor, alongside their internal supervision. They told us they found both forms of supervision to be supportive and helpful in reflecting on complex cases of patient care. From January 2018 to December 2018, internal supervision figures averaged at 80% across the hospital. Staff informed us that they felt supported by their manager and felt able to raise concerns and issues informally. Both managers had an open door policy for staff and patients.
- Staff on both wards had annual appraisals of their work performance. For 2018, 95% of staff across the hospital had received an appraisal and there were ongoing annual appraisals for 2019. Managers ensured that staff had access to regular team meetings. These were held on a weekly basis and the minutes showed that there was a standing agenda to ensure that actions were followed up.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge.
- Managers dealt with poor staff performance promptly and effectively. Managers informed us they had support from their central human resources department and senior management team concerning action to address staff performance.

Multidisciplinary and interagency team work

- Ward staff operated as a multidisciplinary team framework and we observed a strong collaborative approach to care and treatment.
- Multidisciplinary meetings took place on a weekly basis. Each meeting was attended by the consultant psychiatrist, ward doctor, named nurse or nurse in charge, therapy team member(s), the patient and any carers if available. Advocates could be invited if patients requested their presence.
- Handover records on both wards were detailed and included patient presentation, medicines, physical observations and observed risks. The wards had a nursing handover at every shift change, and a second handover each morning which was attended by the consultant, doctor and a member from the therapy team.

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

- Mental Health Act (MHA) training had been completed and was up to date for 84% for staff on both wards. Three staff members on West Wing had been assigned to attend and complete the training by a set date. We found that staff had a good understanding of the MHA, the code of practice and guiding principles.
- At the time of our inspection, there was only one patient on Garden Wing who was being detained under the MHA. Their MHA paperwork had been completed correctly and was up to date. The hospital had a system to prompt staff to explain to patients their rights under the MHA.
- Staff had access to administrative support and legal advice on implementation of the MHA. There was a dedicated MHA administrator who also completed a system of audits to ensure the MHA was being applied correctly.
- Where required, patients had regular access to an independent mental health advocate who visited the ward upon request. Patients were offered the support of independent mental health advocates or automatically referred if they lacked capacity. Staff were aware of how to refer to independent mental health advocates and there was information about advocacy services in patient areas.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act (MCA) training had been completed and was up to date for 84% of staff across both wards. Deprivation of Liberty Safeguards training had been completed by 93% of staff.
- Staff had a good understanding of the MCA and the five statutory principles.
- The provider had a policy on the MCA and staff confirmed they were aware of and had access to it. Should staff require further advice they contacted the MHA office which was on site.
- Staff gave patients every possible assistance to make a specific decision for themselves. Staff completed and recorded mental capacity assessments for all patients upon admission.

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

Good

- There had been no concerns raised regarding capacity or decision making for patients currently at the service. However, staff informed us that in the event of impaired capacity, they would make a decision in the best interests of patients, recognising the importance of the person's wishes, feelings, culture and history.
- The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and acted on any learning that resulted from it.

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

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed that they were positive, calm, respectful and responsive to the needs of patients. Staff knew patients well and provided the right kind of support based on their individual needs. Staff provided patients with help, emotional support and advice at the time they needed it.
- We spoke with five patients and reviewed ten patient feedback cards. The feedback we received from patients was positive. Patients said that their thoughts and views were actively sought, considered and addressed. Patients described staff as approachable, polite, kind and helpful.
- Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Upon admission, staff discussed patients' cultural, religious and social needs and documented these to provide effective care. They also helped patients access different services such as advocacy and specialist health services. Staff provided patients with a bag of essential personal items upon admission.
- Patients said they felt able to raise concerns and that staff worked to resolve the issue quickly.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour towards patients without fear of the consequences as there was an open culture.
- Staff maintained the confidentiality of information about patients. Patient care records clearly documented patient preferences regarding the sharing of information with others. This information was securely stored online.

Involvement in care

Involvement of patients

- Staff used the admission process to welcome patients to the ward and introduce them to the service. Patients were involved in the planning and review of their own care and treatment, with an input in their care plans and risk assessments. We reviewed seven care records. Staff recorded changes in the patient's personal needs or preferences. All patients had been offered a copy of their care plan.
- On both wards, patients were given an information booklet upon admission which detailed the facilities, treatment options, therapeutic input, safeguarding concerns, complaints process, advocacy, restaurant and food access, and avenues for giving feedback about the ward.
- Patients were given opportunities to voice their opinions in multidisciplinary reviews and this was recorded in the patient's care record. Patients were also able to give feedback about the service through community meetings, surveys, comment boxes, complaints and in therapy groups. Service user feedback was also sought in the 72-hour post admission survey of patient experience, which was managed at a ward manager level.
- Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. Some leaflets could be procured in easy-read versions to accommodate patients with learning disabilities.
- Patients were consulted about changes to the hospital such as the design for the new lounges and internal decoration as part of refurbishing Garden Wing and West Wing.

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

Good

Involvement of families and carers

- Staff informed and involved families where consent was gained from patients and provided them with support when needed. Families and carers were given an information leaflet explaining visiting times and ward rounds. Carers were invited to ward round meetings and were encouraged to keep up to date with patients' progress by speaking with nursing staff.
- There were designated therapy sessions for carers and family members, and joint sessions which could be attended by patients with their family or carers. These included relationship management and the family programme.
- Carers could provide feedback to the service through direct contact with staff or the community meeting. Support and advice was available for carers including written information on how to access support.

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

Good

Access and discharge

Bed management

- The acute service did not take any NHS referrals. The service accepted referrals nationally and therefore did not have a local catchment area. However, most patients were from the South East or London area. When all the beds were occupied, referrals were sent to other Priory hospitals until a bed became available.
- The wards had specific admission criteria which described the characteristics of patients who would be offered admission to the hospital. The hospital did not admit patients whose acuity levels could not be safely managed on the wards.
- All patients had access to a bed on return from leave as the service did not use the beds in the absence of patients on leave.
- Patients were transferred to other hospitals within the area if their risks became unmanageable within the service. The team were usually able to locate an available bed in a psychiatric intensive care unit (PICU) if a patient required more intensive care.
- Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. When patients were moved or discharged, this happened at an appropriate time of day.

Discharge and transfers of care

- We reviewed seven care records and they all contained evidence of discharge planning in progress. Staff told us they planned for patients' discharge from the point of admission. Where patients had consented, staff also involved carers and family members in discharge plans. Discharge plans helped to ensure smooth coordination of services and care after a patient left hospital.
- Patients were given the option to become outpatients upon discharge. This meant that they could still access therapy groups and consultations with their named psychiatrist following discharge to maintain continuity of care.
- Staff supported patients during referrals and transfers between services – for example, if they required treatment in emergency services or a psychiatric intensive care unit.

Facilities that promote comfort, dignity and privacy

- All patients had their own bedrooms with ensuite facilities. Patients could personalise their bedrooms and we saw that some patients had brought family photographs and posters to decorate their rooms. Most patients chose not to personalise their room due to the short-term nature of their stay. Both wards had a separate clinic room for physical examination and care.
- Patients had somewhere secure to store their belongings. All patients had a safe in their rooms for personal items of value. Restricted items were stored in a patient possessions cupboard, which could only be accessed under staff supervision.

- Patients could keep their mobile phone based on individual risk assessments, and could also access a ward phone to make personal calls. Patients could access the outdoor area and there were gardens for patients to relax in.
- At our last inspection in November 2017, we found that patients on Garden Wing did not have access to adequate space for privacy. Since then, Garden Wing had been renovated and we found that at this inspection the requirement had been met. Garden Wing had three lounges, and patients usually had a quiet space to go to, with ample provisions for privacy.
- There were no designated visiting areas or facilities for carers. Staff and patients informed us that they usually used patient bedrooms, lounges or rooms off the wards if required. The common lounges had access to view-on-demand streaming facilities. Staff and patients informed us that there was sometimes poor wi-fi connectivity in the building. This had been raised and the provider had responded, but it had not yet been fully resolved. The provider continued to try and address the connectivity issue.
- Patients had access to hot drinks and snacks at all times, and there was an automatic hot beverage machine for patient use. There was fresh fruit available in the common area and lounges. Patients could also access the on-site restaurant during the day for other food and refreshments.
- There was a well-equipped gym for patient use and a trainer was employed by the hospital to provide supervision and guided sessions in physical exercise, for example, swimming, tai chi, yoga and boxercise.

Patients' engagement with the wider community

- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the service and in the wider community.

Meeting the needs of all people who use the service

- The service made adjustment for people with mobility issues. Disability access for people who used wheelchairs was available on Garden Wing. One of the bedrooms had been adjusted to include a wet room. There was no access for people requiring wheelchair support on West Wing. Staff told us that patients requiring wheelchair access would be admitted to Garden Wing as it was situated on the ground floor.
- Information for patients was posted on notice boards to ensure patients could obtain information on the complaints process, advocacy, local mental health and physical health services, healthy eating and medicines information.
- Managers informed us that leaflets could be obtained in different languages from the provider's central network and knew how to access interpreters and/or signers.
- A range of food was available for patients to meet their dietary needs. Patient feedback was sought on the range and quality of food provided. Catering staff were invited to the community meeting to receive and respond to patient feedback regarding food.
- Spiritual support was available for patients and staff liaised with local religious organisations to provide support based on patients' individual needs. There was a faith room on site for patient use.
- Patients had access to a range of therapy options Monday to Saturday from 9am to 5pm. This included art psychotherapy, self-esteem building, creative expression, mood and food, family therapy, poetry and transactional analysis. There were also a few therapies aimed at maintaining better relationships, emotional resilience and with a focus on relaxation, such as aromatherapy and mindfulness.
- However, since patients were engaged in an intense therapy programme, they did not feel that the lack of other activities had much impact on their treatment and recovery. We spoke with seven patients who told us they enjoyed having time to relax in the evenings and on Sundays.

Listening to and learning from concerns and complaints

- Patients were given information about how to make complaints by staff and the process was also described on the ward noticeboard.
- The hospital held daily reflection meetings, and weekly community meetings. Patients were encouraged to raise any issues, compliments and complaints during these

meetings. We saw that these were responded to with the outcomes shared at the next meeting and displayed on the ward noticeboards. The ward notice boards on both wards displayed the 'we listen, we respond, we improve' posters which detailed improvements the hospital had made resulting out of patient or carer feedback.

- Staff understood their role in helping patients raise concerns or complaints, and protected patients from discrimination and harassment. The managers knew the hospital's policy in managing complaints. We viewed completed investigations and complaint responses which demonstrated accountability and transparency. People who complained received a full written response and were given information on the next stage if they were unhappy with the response received.
- On the acute wards, in the last 12 months there had been 27 complaints. Five complaints were upheld, ten were partially upheld and five were not upheld. The remaining complaints had been withdrawn or were under investigation at the time of the inspection. The number of complaints included those for patients receiving substance misuse treatment on West Wing.
- Staff received feedback on complaints and common themes were shared across all wards so that improvements could be made.

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

Good

Leadership

- Since the inspection in November 2017, there had been changes in the senior management of the hospital and some ward manager posts. Apart from the medical director, the senior management team were relatively new to their posts. However, they had extensive clinical and managerial experience. In a short space of time, they had made a demonstrable impact to the safety and quality of care provided to patients.
- The senior managers and ward managers had a very good understanding of the services and their challenges. They knew how staff worked to provide high quality care. The senior management team were visible and accessible to staff and patients. They demonstrated effective leadership skills, were role models, and had developed an inclusive culture. They empowered staff to develop ideas to improve the care of patients.
- The ward manager on Garden Wing was working on an interim basis, and the provider was looking to recruit into a permanent ward manager post for the ward.
- Both ward managers had a good understanding of the services they managed and a clear focus on providing high quality care. Staff were positive about their managers, and felt well supported and listened to. Staff said the managers had an 'open door' policy, were very visible on the wards and helped support staff on the wards in practical ways. All staff felt comfortable raising issues directly with senior colleagues and were confident these would be addressed.
- Leadership development opportunities were available and staff were encouraged to develop skills and competencies. There were also opportunities for below this level to develop. The hospital had recently sponsored four healthcare assistants to undertake their registered nurse training.
- The ward managers knew the training and development needs of the staff, and supported staff to attend training to develop skills and competencies. For example, support workers were encouraged to attend and co-facilitate therapy groups to develop skills in psychology, therapy and group work. The support workers who took up this opportunity spoke positively of the experience and their learning.

Vision and strategy

- Staff knew the visions and values of the organisation and felt that these were reflected by their team and the service they provided. Managers ensured team objectives reflected those of the organisation through team meetings, supervision and appraisals. There were displays communicating what the values were on ward notice boards and further information was available on the provider's intranet.

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

Good

- Staff knew who senior managers were at the hospital and felt they were approachable and supportive. Other senior executives from outside the hospital had recently visited the service and they were known to staff.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. For example, staff informed us that some consultations had taken place about the refurbishments at West Wing and Garden Wing. Also, the provider was in the process of developing an 'observation room' on Garden Wing which was in the stages of consultation.
- Policies had been reviewed and updated by the provider and staff were included in this process.

Culture

- Staff we spoke with talked positively about their roles and were passionate about the service developing. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. Staff members at all levels told us they felt valued, had input into the service, and were consulted and involved in service quality development.
- Staff were aware of the provider's whistleblowing policy and the role of the speak up guardian. Staff knew how to use the whistleblowing process. However, all staff we spoke to said they would raise concerns directly with management and described the culture as being very open and honest. They felt confident that their concerns would be acted upon without recourse to the whistleblowing procedure.
- The ward managers felt comfortable with managing staff performance, including where disciplinary actions may be needed. Teams worked well together and where there were difficulties the managers dealt with them appropriately. Managers had support from the human resources department, senior management and external supervisors for guidance.
- The provider completed an annual staff survey. The most recent survey in 2019 had more respondents than the previous 2018 survey. Seventy-nine per cent of 150 respondents said working at the hospital made them want to do the best work they could. However, the survey also showed that 48% of 155 respondents did not feel they would receive support for career progression.
- When we spoke with staff, most informed us that there were some opportunities for professional and personal development at the hospital. They felt able to talk about training opportunities with their managers, and some had progressed into different roles over time. Annual appraisals included conversations about career development and how it could be supported. However, sometimes due to budget and time constraints, not all opportunities could be taken up.
- The provider promoted equality and diversity in the workplace and patient care. All staff received training on the Equality Act 2010. Some discussions at patient community meetings and staff reflective practice were focused to assess patient and staff satisfaction with a broad range of issues, including equality and diversity.

Governance

- There was a clear governance structure in place with routes of escalation, reporting and decision making. Ward managers and the senior management team had access to a dashboard relating to the quality and safety of the care delivered. There were clear agendas in place for what must be discussed at a ward, team or hospital level meeting to ensure consistency and following up on outstanding actions.
- The provider had a weekly learning and outcomes group which reviewed incidents, complaints and learning actions. This was agreed and monitored by hospital managers. Essential information, such as learning from incidents and complaints was shared.
- In addition, there were also monthly health and safety meetings, clinical governance meetings and weekly senior management meetings. The minutes from the clinical governance meetings were accessible to staff and sent out by email. This included feedback regarding estates issues and quality improvement.
- Staff implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. There was an enhanced pre-admission screening tool concerning potential patient risks. This had been introduced following a serious incident.

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

Good

- Staff undertook clinical audits and used these to gain assurance about the services provided. Staff acted on the results when needed and the hospitals' performance was reviewed and benchmarked against local and national outcome measures. There were monthly and annual audit schedules in place which included the environment, care records, health and safety, clinic room, medicines management and Mental Health Act documentation.
- There was an effective system in place to ensure all staff received appropriate levels of mandatory training and that this training was kept up to date. There was a central electronic mandatory training compliance system that managers could access and maintain oversight of training needs.
- The service had access to a pool of bank staff that could cover shifts within the service. Agency staff were also employed to cover some nursing shifts. Managers endeavoured to use regular bank and agency staff wherever possible.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. For example, staff had good relations with local social service providers, and care coordinators to ensure smooth discharge processes for patients.

Management of risk, issues and performance

- There was a system in place to identify, monitor and address risks at the hospital. Staff maintained and had access to the risk register at ward level. Ward managers could escalate concerns when required. There was an up to date risk register in place for the hospital and the risks listed were discussed at the clinical governance meeting. This ensured that risks were continually monitored and minimised where possible.
- The hospital had contingency plans in place for major incidents and unforeseen circumstances which could affect the running of the service.

Information management

- Staff had access to the equipment and information technology needed to do their work. The technological infrastructure worked well and enabled them to record and review information they needed to provide good treatment and care.
- Team managers had access to key information to support them with their management role. The service used systems to collect data from wards that were not overly burdensome for staff.
- Information governance training was mandatory for all staff directly employed by the hospital, and this included maintaining confidentiality of patient records. Staff made notifications to external bodies as needed, such as CQC and Health and Safety Executive notifications.

Engagement

- Staff, patients and carers had access to up to date information about the work of the provider and the services they used. For example, they updated the ward notice boards whenever information was out of date, and we saw evidence of this happening. Staff were provided with regular updates in handover, team meetings, supervision, intranet and through their newsletter bulletin.
- Patients and carers had opportunities to give feedback on the service they received. They could do this through direct contact with staff, comment boxes and community meetings. Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. The ward notice boards on both wards displayed the 'we listen, we respond, we improve' posters which detailed improvements the hospital had made because of patient or carer feedback.
- Patients and carers were involved in decision making about changes to the service. Due to the short stay nature of patients, there were not always opportunities for them to get involved.
- Senior managers regularly engaged with staff through quality walk arounds. Staff told us that senior managers were very visible and approachable. The hospital managing director and senior management had good relationships with external stakeholders, such as the local authority and local NHS trusts.

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good

Safe and clean environment

- Staff completed regular risk assessments of the care environment. The nurse in charge completed daily security checks.
- The ward layout did not allow staff to observe all parts easily. The provider had installed convex mirrors and had moved a doorway to reduce blind spots.
- Lower court was set across two floors. The upper floor had five bedrooms and the lower floor seven bedrooms. Staff escorted young people when they accessed the upper floor. At night and during the day, a staff member observed this floor. Young people could not access this floor for two hours in the evening when staff members could not observe this floor.
- Staff had completed a ligature risk assessment that identified ligature anchor points in June 2018. A ligature anchor point is an environmental feature or structure that patients' may fix a ligature with the intention of harming themselves. The ligature risk assessment identified blind spots on the ward. In response, the provider had installed convex mirrors. The ward manager had shared the risk assessment with staff at team meetings. Staff had access to a ligature management folder that had detailed information regarding potential ligature anchor points across the ward and how staff should mitigate ligature points. Ligature cutters and scissors were clearly displayed in the nursing office for easy access. The environmental lead had completed an updated audit shortly before the inspection, but staff on the ward did not yet have access to the results of this audit.
- Staff locked areas of the ward, such as the group room, when they were not in use.
- Lower Court had three 'safer' bedrooms on the ground floor. These rooms had reduced ligature furnishings. Staff placed recently admitted young people and those that were deemed high-risk of self-harm in these rooms. The provider planned to convert all rooms to this specification.
- All rooms had magnetic ensuite bathroom doors, an anti-ligature radiator cover and non-weight bearing curtains. All bedrooms had anti-barricade doors. The provider planned to convert all rooms to its 'safer' rooms specifications. It planned to undertake this work in the last quarter of 2019.
- The ward had a separate closed-circuit television system to monitor areas of potential risk in communal areas and bedrooms. The cameras would only be turned on in bedrooms with the consent of the young person or the parent or guardian. Staff external to the service monitored the cameras and alerted nursing staff on a hand-held device when young people displayed risky behaviour or tampered with potential ligature anchor points.
- Seven of the rooms had ensuite bathrooms. The five rooms upstairs shared a bathroom. Staff placed young people of the same gender upstairs.

- Staff had access to alarms. They told us that if they sounded the alarm, staff from elsewhere in the hospital responded promptly.
- The provider completed fire risk assessments for all wards. All wards had monthly fire drills. Managers produced action plans to address identified risks, for example to convert kitchens to electric from gas. These risks were monitored at integrated governance meetings.
- Staff updated personal environmental evacuation plans daily. They displayed the plans on the door on the ward office.

Maintenance, cleanliness and infection control

- The ward was clean and had good furnishings. All four young people we spoke with told us they had found the ward to be clean.
- The hospital had an allocated cleaner to the ward. We checked the cleaning records for the ward. These were up to date and demonstrated that all areas of the ward were cleaned regularly.
- At the last inspection in November 2017, staff did not always complete cleaning records to show the kitchen area had been cleaned. At this inspection, cleaning staff had checklists for all areas of the kitchen. These checklists were fully completed.
- Staff could request for the maintenance team to complete repairs. Two young people told us the maintenance team responded quickly to requests they made in community meetings for repairs.
- Staff adhered to infection control principles, including handwashing. The ward had recently had a hand wash audit on 20 November 2018. Eighty-nine per cent of staff in the audit were found to be compliant in the hand wash audit.

Clinic room and equipment

- Staff had access to a clinic room on the ward. The clinic room was fully equipped with accessible resuscitation and emergency drugs that were all in date and checked frequently.
- The clinic room was clean. Cleaning records for the previous three months were completed fully.
- The clinic room had two medication fridges, which were locked when not in use. Staff checked fridge temperatures daily. Both fridges were clean and all medicines were in-date.
- Staff maintained equipment well and kept it clean. An electronic blood glucose equipment, pulse oximeter, electrocardiogram (ECG) machine and defibrillator machine were all in working order and had been calibrated. An external provider had the responsibility to service clinical equipment.
- Staff completed checks of equipment and clinic room. They had completed most of these checks, including checks of high-risk items such as emergency equipment, robustly. The clinic room had an equipment and supply cupboard containing vacutainers, needles, bandages, sterile water, syringes and specimen containers. These cupboards were checked weekly and the contents were all in date. However, staff had not completed robust checks of the first aid box. Staff completing checks did not identify that six items, including dressings, gloves and alcohol wipes, had passed their expiry date.

Safe staffing

Nursing staff

- The ward had sufficient staff to support young people safely.
- Nursing staff worked on a two-shift pattern. The morning shift worked 7.30am until 8 00pm, and the evening shift worked 7.30pm until 8 00am. If the ward had more than nine young people, two registered nurses and two healthcare assistants worked the day shift. The ward had recently introduced an additional healthcare assistant to observe the upper floor. This was to facilitate access for young people during the day. If the ward had fewer than nine young people, the manager would reduce the number of staff. At night, two registered and one healthcare assistant worked.
- The manager could increase staffing numbers should a young person require one-to-one observations.
- The ward had a high number of vacancies for permanent registered nurses. At the time of the inspection, the ward had five vacancies for registered nurses. The ward manager had covered these vacancies using block-booked agency staff. We reviewed the

nursing rota for the last month. The manager had planned to cover all shifts. If a short-term vacancy occurred, the ward manager contacted the hospital-based workforce co-ordinator to support them access cover staff. Staff told us they had found this new member of staff useful in sourcing and improving the consistency of staff that worked on ward.

- From 1 December 2017 until 1 November 2018, 14 substantive staff left Lower Court. (The ward has 22 substantive staff when fully recruited.) It had an overall vacancy rate of 31.6% and a staff sickness rate of 3.5%. The ward had no vacancies for healthcare assistants.
- In the three months from 1 December 2018 until 28 February 2019, agency and bank staff had covered 353 shifts, which was 60% of all the shifts on the ward. Managers had been unable to fill seven shifts.
- The hospital had an ongoing programme of recruitment. In addition, managers had increased the number of staff on its nursing bank, which they hoped would increase consistency of staff used to cover vacant shifts. A nursing bank consists of nursing staff employed by the provider who can work shifts when required.
- Senior management discussed daily staffing during morning 'flash' meetings. These meetings were attended by ward managers and directors. Staff discussed the current staffing levels and patient need and could adjust staffing levels to ensure the ward was safely staffed.
- When agency and bank staff were used those staff received an induction and were familiar with the ward.
- A staff member was observing communal areas of the ward at all times. Staff and young people told us that no escorted leave or activities had been cancelled because of staff shortages.
- There were enough staff to carry out physical interventions safely. Ninety-four per cent of staff had received prevention and management of violence and aggression (PMVA) training.

Medical staff

- The ward had adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The ward had a consultant. A ward doctor was on the ward Monday to Friday. A responsible medical officer provided cover out of hours, and nursing staff could contact an on-call consultant.

Mandatory training

- Most staff had received and were up to date with appropriate mandatory training. The wards overall compliance rate for mandatory training was 93%. Less than 75% of staff had completed r data protection and confidentiality training. Five staff members training had expired for this module.
- Staff discussed mandatory training compliance in monthly supervision sessions.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We reviewed five care records. Staff had completed risk assessments for all five young people on admission and updated them regularly. Staff updated risk assessments after incidents. Staff had, for example, updated the risk assessment for one young person on a daily basis following recent incidents.

Management of patient risk

- Staff identified and responded to changing risks to, or posed by, young people. For example, if there were specific times of increased risk for a young person, additional staff would support the young person.
- Staff discussed new and existing risks at ward rounds, handovers and team meetings. Staff updated risk management plans in both the electronic patient records and risk management folders individualised to patients.
- Staff managed potential risks, by completing regular checks. Staff completed audits of keys on a weekly basis and cutlery daily.
- Staff applied blanket restrictions on young peoples' freedom only when justified. The ward had justified restrictions on certain items on the ward. Young people could only access their phones at certain times to encourage attendance at both groups and education sessions.
- Staff conducted security ward checks to ensure young people did not have contraband and searched young

people when they returned from leave. Staff completed search in pairs in a private room. Staff from the same gender as the young person completed searches. Staff completed specific search competencies before they could search young people.

- Staff discussed levels of observation at wards rounds and team meetings and appropriately adjusted this depending on the outcome.
- Staff adhered to best practice in implementing a smoke-free policy.
- Young people admitted to the ward were aware of their rights to leave the ward. Staff considered the risk to young people before leave and where appropriate contacted parents of the young people.

Use of restrictive interventions

- Staff completed keeping safe care plans for young people. These included plans on how to support young people using the least restriction possible.
- Staff had been trained in the use of restraint and completed records when restraint was used. In the three months before the inspection staff on Lower Court recorded 94 incidents of restraint. None of these incidents involved prone restraint. During the same time period there were 71 incidents of rapid tranquilisation. Staff completed a standard form after each incident of restraint. They recorded the type of restraint used, the staff members involved, the length of the restraint, whether they had offered a debrief to the young person and whether they had informed the young person's parents/ guardians. We reviewed eight incidents of restraint on the ward, and staff had completed all forms fully.
- Staff received training in prevention and management of violence and aggression (PMVA) and positive behavioural support. This helped staff manage situations that involved conflict and aggression. Staff discussed ways in which to reduce the use of restraint in team meetings.
- There were 71 incidents of rapid tranquilisation between 1 December 2018 and 28 February 2019.
- Staff completed physical healthcare checks for young people following administration of intra-muscular rapid tranquilisation. Since the January 2019, records showed that staff used rapid tranquilisation by intra-muscular injection 33 times on young people on Lower Court. Staff either completed the appropriate physical health assessments and monitoring or recorded that the young person had refused. For one incident, staff had completed physical health observations shortly after the incident. Staff used a rapid tranquilisation observation chart to record vital signs. This followed National Institute for Health and Care Excellence (NICE) guidance for recording physical observations following restraint. Each time there was an incident of rapid tranquilisation on the ward, staff recorded it on a rapid tranquilisation monitoring tracker. Senior managers reviewed incidents of rapid tranquilisation at the daily hospital-wide 'Flash' meeting.
- The provider had a reducing restrictive practice steering group. There is a reducing restrictive practice strategy in place for the division, which was updated in January 2018.
- The ward had incorporated 'safe wards' a model aimed at decreasing incidents of violence and aggression on wards using different interventions.

Safeguarding

- Staff discussed safeguarding during handovers and multi-disciplinary meetings. Should they have any concerns, they made alerts to the relevant local authority and put in place plans to ensure the safety of young people.
- Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. Staff could identify children and adults at risk of abuse.
- Staff gave examples of when they have escalated a safeguarding concern. Three members of staff described, for example, concerns they had raised about a young person's risk of physical and sexual abuse.
- Training in safeguarding was mandatory. Eighty-three per cent of staff had completed training in safeguarding children, and 78% of staff had completed training in safeguarding adults, at the time of the inspection.
- The hospital had a safeguarding policy.
- The safeguarding lead was the hospital's child protection lead and attended patient

- meetings on the ward. They supported staff on the ward to manage any safeguarding concerns. During the ward round we attended, staff discussed concerns and developed plans to protect the young people on the ward from abuse.
- The ward complied with Local Safeguarding Children Board procedures and appropriate national guidance, such as The Children's Act. The safeguarding lead worked closely with the local authority to safeguard and promote the welfare of the young people.
- The ward was securely separated from the adult wards in the hospital.

Staff access to essential information

- All information needed to deliver patient care was available to all relevant staff, including agency staff, when they needed it and was in an accessible form. Electronic records contain risk assessments, care records, progress notes and evidence of physical health observations. Staff also used paper records for some tasks, including monitoring physical observations following rapid tranquilisation and recording ward observations.
- Agency staff had accounts for the care record system this allowed them to update and view care plans and risk assessments in a timely manner.

Medicines management

- Staff followed good practice in medicines management. In the clinic room, there was a separate controlled drug cupboard attached to the wall, which was locked. The ward had no controlled drugs at the time of inspection. The controlled drug book was up to date and was countersigned by the pharmacy.
- The clinic room had a regular stock medication cupboard. This was locked and keys were kept on the person of the registered nurse. The cupboard was organised and tidy. All medication present was in date.
- Emergency drugs were checked daily and the pharmacy would also monitor them weekly. We saw fully completed records for the last three months.
- Staff had access to medicines disposal facilities. This included sharps disposal bins and pharmacy medication bins, which staff had signed and dated appropriately.
- We reviewed nine medicine records which were fully completed. Young peoples' medicines charts recorded potential allergies.

Track record on safety

- In the last three months Lower Court reported one incident graded as serious using the provider's definition, which used lower thresholds to the NHS England definitions. This incident had been investigated.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them. All staff we spoke to were aware of what incidents should be reported and felt confident in doing so.
- Staff reported incidents using the provider's electronic reporting system. They classified incidents as being serious if they involved young people absconding, sustaining a significant injury, or if they needed to report the incident to the Care Quality Commission. For these incidents, staff completed a 'Serious Incident Report' (SIR) form. This system allowed staff to quickly organise key information about an incident and present it in a consistent format.
- Staff were debriefed and supported after a serious incident. Debriefs described areas where staff did well or areas for improvement. The manager also disseminated learning to the team through emails.
- Learning from serious incidents from around the whole site would also be shared at the weekly nurses' meetings.
- The hospital used a closed-circuit television (CCTV) system, in which external reviewers monitored risk areas and highlighted concerns. The ward manager discussed feedback from the CCTV reviewers with staff, so they could reflect on how to manage young people safely. Shortly before the inspection, the ward had an incident when the external reviewer had been unable to contact the staff on the ward promptly and had to contact the hospital switchboard to ask them to respond. The CCTV reviewers raised this as an incident. In response, staff now checked the mobile used to communicate between the ward and CCTV reviewers at the start of each shift.

Good

Child and adolescent mental health wards

The checks involved ensuring that the phone was fully charged, off mute and functioning properly. The ward manager would also randomly test the phone to make sure that it is working correctly during shifts.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed a comprehensive mental health assessment of the young person, on or soon after admission in all five records we reviewed.
- Staff conducted physical health checks on admission and staff continuously monitored this throughout the duration of the young person's admission. Five patient records showed that physical health assessments occurred on admission and also indicated young people had their weight, height and blood pressure monitored weekly.
- Staff worked with young people to develop care plans that were personalised, holistic and recovery-oriented. In all five records we reviewed, staff had included the views and wishes of the young person in their care plans. For example, staff had recorded a young person's wishes to be alone when distressed and that they had requested for their medication to be reviewed.
- Staff developed separate care plans for different aspects of care, for example, physical health and mental wellbeing. The care plans were up to date and we saw evidence of care plans being updated frequently. All young people we spoke to said they were involved in writing their care plan. They also said they could change things within their care plan easily with their key worker or co-worker.

Best practice in treatment and care

- Staff supported young people with their physical health needs. Nurses and the duty doctor assessed and assisted young people with their physical healthcare when required. When young people required a specialist treatment for their physical health, staff supported young people to a local acute hospital.
- Staff could refer young people to the onsite dietician if they had an identified dietary need. Staff received physical health care training to ensure staff knew the different physical health care needs of people with mental health illness.
- Each young person had a designated registered nurse as a keyworker and healthcare assistant as a co-worker.
- Staff completed physical health checks for young people at least weekly or more frequently if needed. They monitored young people's physical health using the modified early warning score (MEWS).
- Staff on the ward participated in clinical audits. Staff, for example, completed weekly audits of care planning. At the time of the inspection, the manager was reviewing the completion of key and co-worker sessions with young people.
- Staff provided a range of care and treatment interventions. Family therapy, yoga, music therapy and drama therapy occurred weekly. There was a group outing available every Wednesday, which young people could only attend if their group attendance throughout the week was good.
- The ward psychologist offered eye movement desensitisation and reprocessing (EMDR) for appropriate young people. EMDR is a therapy designed to help people recover from traumatic events in their lives. The planned outcome of this was to reduce flashbacks suffered by young people.
- Staff used recognised rating scales to assess and record severity outcomes. Staff used the Health of the Nation Outcome Scales Child and Adolescent Mental Health (HoNoSCA). The assessment focused on the young person's general health and social functioning. Staff used it to assess the severity of each issue at the beginning of treatment and at the end to measure whether there had been any improvement as a result of treatment. Staff also used the Children's Global Assessment Scale, which measured the young person's

emotional and behavioural functioning. During the inspection, staff identified that they wanted to develop further how they worked with young people to identify and measure goal-based outcomes.

Skilled staff to deliver care

- The team had access to the full range of specialists required to meet the needs of the young people on the ward. The team included doctors, nurses, a clinical psychologist, a cognitive analytical therapy (CAT) therapist and family therapists. Staff at the attached school supported young people with their education. If required, the ward could access support from dieticians from the hospitals eating disorder service. The hospital social workers visited the ward frequently and the external pharmacy service visited at least weekly. At the time of the inspection, the ward had recent vacancies for occupational therapist and assistant psychologist vacancies. The service planned to use agency staff to cover these vacancies prior to recruiting new permanent staff.
- Young people could access the hospital's sessional therapists. These included the drama therapist and yoga teacher. Staff could access support and guidance if a young person had a substance misuse issue.
- Staff received specialist training in working with young people. Staff on the ward attended training based around five principles of how to care for young people. Some nursing staff had accessed training in dialectical behavioural therapy through the Priory's academy.
- The hospital provided new staff with a week-long induction to the hospital. This included training on risk management, supervision, health and safety, basic life support, safeguarding and managing violence and aggression. Staff on Lower Court received a role-specific induction for working with young people. Staff were also provided a list of top tips which included information about managing relationships and boundaries between young people.
- Healthcare assistants completed the care certificate. This is a set of standards to which health and social care workers should adhere to safely deliver their role. Some healthcare assistants had been supported to access nursing courses to train to become a registered nurse.
- Staff received regular internal supervision every four weeks. From 1 January 2018 until 31 December 2018, the ward had a clinical supervision rate of 94%. In the month before the inspection, all nursing staff had received supervision. An external supervisor provided additional clinical supervision for two days a month. Members of staff could book to have sessions with them.
- Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

- Staff held regular and effective multidisciplinary meetings. Nursing staff held handovers twice a day between shift changes. In these meetings, staff discussed new admissions, discharges and incidents that had taken place during the previous shift. Handover notes were recorded electronically.
- Nursing staff completed a handover with the therapy and educational team each morning on the ward. This ensured therapy staff were up to date on any incidents or risks.
- The ward held monthly business meetings. We reviewed the last two meeting minutes. The meeting minutes were comprehensive and covered items such as vacancies, incidents and restrictive practice. The ward manager sent staff that could not attend the meeting the minutes by email. The registered nurses also held a weekly meeting.
- The ward held weekly multi-disciplinary meetings every Wednesday. During these multi-disciplinary meetings all young people were seen. We attended a multi-disciplinary meeting during the inspection, which was attended by a social worker, ward doctor, teacher from the onsite school, consultant, clinical psychologist, family therapist and the deputy ward manager. Young people also attended this meeting and were involved in the discussions.
- Nursing staff provided daily handovers to teaching staff at the onsite school.
- Staff worked closely with community services, especially those in north-west London. They invited community staff to six-weekly care-programme approach meetings and shared information with them prior to discharge.

Good

Child and adolescent mental health wards

- All patients had access to an advocate. A notice was displayed on the ward notice board with contact details for the advocate.

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

- Staff were trained in and had a good understanding of the Mental Health Act (MHA), the Code of Practice and the guiding principles. Ninety-four per cent of staff had completed training in the MHA.
- The hospital had structures in place to ensure the safe and proper implementation of the MHA. The hospital had a full time MHA administrator who took the lead in MHA administration. The MHA administrator visited the ward on a regular basis to ensure that duties under the MHA were completed and documented.
- Staff had easy access to MHA policies and procedures on their local intranet and there was a MHA folder for guidance in the nursing office.
- On the day of our inspection, five young people were detained under the MHA. All had up-to-date section 17 leave forms.
- The MHA administrator visited the ward regularly. Staff told us they could get advice when they needed support.
- Staff informed young people who were detained of their rights on admission. Staff recorded when they tried to inform young people of their rights and whether they refused.
- Young people had easy access to information about independent mental health advocacy.

Good practice in applying the Mental Capacity Act

- Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Ninety-four per cent of staff had completed training in the Mental Capacity Act
- For young people under the age of 16, staff used the Gillick competency test. The Gillick competence is used by staff to decide if a child 16 years or younger is able to consent without the need for parental permission.
- Staff reviewed and recorded young people's capacity weekly in multi-disciplinary ward rounds. Medical staff recorded and updated capacity assessments clearly in young people's records. For example, where staff had assessed a young person's capacity to make a specific decision.

Are child and adolescent mental health wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed kind, positive and responsive interactions from staff. Staff showed compassion and an interest in the young person's wellbeing. Three young people told us that they thought staff members really cared about their wellbeing.
- Staff did not always ensure that young people maintained their privacy and dignity. All four young people we spoke with told us that sometimes staff would not knock on their bedroom doors before entering.
- Staff supported the young people to understand and manage their care, treatment and condition. We saw evidence that young people met with their multidisciplinary team weekly, where care and treatment was discussed.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards young people on the ward without fear of the consequences. All five staff members we spoke to said they would feel confident in raising concerns about a young person's welfare.
- Staff maintained the confidentiality of information of young people. The nurses' office contained a white board with patient information that would be used during handover between shifts. This whiteboard was covered up when not in use to keep the information confidential.

Involvement in care

Good

Child and adolescent mental health wards

- Staff used the admission process to inform and orient young people to the ward and to the service. All four young people we spoke with said they were shown round the ward on admission.
- All four young people we spoke with told us they felt involved in their care and treatment. The young people met their named nurse key worker every two weeks, where they would read through and adjust their care plans and talked about risk. They met with their co-worker, normally a health care assistant, on a weekly basis or more frequently when needed. Updates from these meetings would be shared with the young person's families when necessary.
- The young people completed a feedback form ahead of multi-disciplinary meetings, which included information about what went well and any requests from the young person. A member of the multi-disciplinary read this out during the weekly multi-disciplinary meetings if the young person did not feel comfortable reading in front of the team.
- Staff worked with young people to develop personal emergency evacuation plans that met their individual needs. They had, for example, developed a plan to provide one-to-one support for one young person that had identified that they found the alarm sounding scary.
- Staff worked with young people to plan their care in weekly goal setting and daily morning check-in group. This provided an opportunity for young people to give their opinions. Young people also completed feedback forms prior to multi-disciplinary meetings and could attend these meetings.
- Staff encouraged young people to give feedback about the ward. Young people were able to provide feedback in weekly community meetings. Staff responded to feedback from young people. They completed a 'you said / we did' board on the ward to let young people know they had responded to their concerns. Young people could also attend the hospital's monthly patient forum.
- The provider completed a patient survey quarterly. Patients were also asked about the experience 72 hours after admission to hospital. This survey focused on practical matters, such as patients being orientated to the ward, being provided with information and the quality of the food.

Involvement of families and carers

- The ward provided a handbook for families and carers included details about care and treatment during the first weeks of admission, observation levels and visiting times.
- Staff sought feedback from families and carers in planning care. In the records we reviewed, staff recorded if parents were involved and their views were recorded in reviews.
- Families and carers completed family feedback forms prior to multi-disciplinary meetings. At the time of the inspection, the service did not routinely invite families and carers to multi-disciplinary meetings.
- In a recent survey of the CAMHS eating disorder unit and CAMHS ward, 78% of families/carers felt that they had been offered the opportunity to be involved in planning the care of the young person and 78% of families/carers felt satisfied with the care and treatment the young person was receiving.

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

Good

Access and discharge

Bed Management

- Lower Court provided Tier 4 specialist in-patient care to young people who were suffering from severe and/or complex mental health conditions that could not be adequately treated by community CAMHS services.
- The ward manager liaised with the referring agency to agree timescale for admission. Prior to admission, members of the multidisciplinary team spoke to referring team do discuss the young person's needs and the purpose of admission. The majority of young people were funded by NHS England, with most young people coming from north-west London.

- The ward did not admit young people to beds that were allocated to a young person who was on leave. Where clinically appropriate, young people could have overnight leave for up to three nights to help them adjust to being out of hospital.
- Staff discharged young people at an appropriate time of day. They agreed the time of discharge with young people and their families/carers. It was never during the evening or weekends.

Discharges and transfers of care

- Staff worked with the young person, their families, and community services to plan for discharge. For example, one young person had overnight leave to their new community placement. The ward staff were communicating with the community placement team to ensure the young person remained safe during their leave.
- Staff supported young people approaching their 18th birthday to transfer to adult services. When a young person was approaching their 18th birthday, they contacted adult teams to ensure the you person received the support they needed.

The facilities promote recovery, comfort, dignity and confidentiality

- Young people had their own bedrooms and were not expected to sleep in bed bays or dormitories. They could personalise their bedrooms where appropriate. We observed bedrooms that had personal belongings and decorations.
- Young people could store their possessions securely in lockers on the ward.
- Staff and young people had access to the full range of rooms and equipment to support treatment and care. This included a lounge, an activities room, a self-soothe room, a communal kitchen and a spacious clinic room with an examination couch.
- The ward did not have a specific room for visitors. Young people saw visitors in their bedrooms
- or in the group therapy room. Visitors under 18 years of age were required to be accompanied by an adult.
- Young people could make a phone call in private. Staff assessed whether young people could use their own mobile phones on an individual basis.
- Young people had access to outside space. The ward had a secure garden. Young people asked staff to access the garden. One member of staff would be present in the garden when it was in use. Young people with leave could access the hospital's grounds, which had an outdoor green space.
- Young people told us they found the food to be of mixed quality. One young person was very complimentary about the vegan options available. Young people could access water from a cooler on the ward. They did not have unsupervised access to the kitchen, but could ask to use the kitchen to make themselves a drink or a snack at any time.
- The ward had an activities timetable. Activities included crafts groups, gym, yoga and walks. The staff aimed to facilitate a group outing once a week. Previous outings included trips to trampolining and local parks. At the time of the inspection, the ward did not have an occupational therapist or assistant psychologist, which meant the nursing team had to facilitate more of the activities. Staff offered some activities at the weekend, although the number of young people on the ward was usually reduced due to young people going on leave.

Patients' engagement with the wider community

- Young people had access to education on site, and staff also assisted them to explore other education opportunities. Staff had, for example, recently supported a young person to visit a school they would attend following discharge from the ward.
- Staff supported young people to maintain contact with their families and carers. Staff contacted them on a regular basis and encouraged their attendance at care programme approach meetings.

Meeting the needs of all people who use the service

- The ward could not admit young people with mobility difficulties due to the environmental layout. Staff would assess young people on referral and, if required, refer them to other services that offered full disability access.
- Staff worked with lesbian, gay, bisexual or transgender (LGBT) young people to develop plans to support them. For example, staff asked transgender young people if they would prefer male or female staff to search them.

Good

Child and adolescent mental health wards

- The hospital had a chaplaincy service that young people could contact if they wanted.
- Staff ensured that young people could obtain information on patient rights, the complaints procedure and treatment. This was clearly displayed on a notice board in the communal area. The information was clear and was written in language that was accessible to young people.
- The hospital had a linked school located on the site, Priory Lodge, which supported young people to continue to receive education during their admission. The Office for Standards in Education, Children's Services and Skills (Ofsted) rated the school Good in November 2016.
- The hospital had a contract with an interpreting service, and staff requested interpreters for patient meetings when required.
- Staff asked young people about their dietary requirements on admission. Vegetarian options were available and meals could be prepared in accordance with medical, religious and cultural needs. Staff could refer young people to an onsite dietician if required.

Listening to and learning from concerns and complaints

- The ward had received two complaints between 1 February 2018 and 28 February 2019. One of these complaints had been partially upheld and one was still under investigation.
- Young people knew how to make a complaint and felt able to raise concerns with staff. Complaints posters were on the ward. Staff responded to young people when they raised concerns, either on the 'you said / we did' board or individually. Staff used the community meetings to feedback on general concerns that affected the whole ward.
- Staff knew how to escalate and deal with complaints. Staff dealt with complaints on both a formal and informal basis. The manager shared learning from complaints at team meetings.

Are child and adolescent mental health wards well-led?

Good

Leadership

- Since the inspection in November 2017, there had been changes in the senior management of the hospital and some ward manager posts. Apart from the medical director, the senior management team were relatively new to their posts. However, they had extensive clinical and managerial experience. In a short space of time, they had made a demonstrable impact to the safety and quality of care provided to patients.
- The senior managers and ward managers had a very good understanding of the services and their challenges. They knew how staff worked to provide high quality care. The senior management team were visible and accessible to staff and patients. They demonstrated effective leadership skills, were role models, and had developed an inclusive culture. They empowered staff to develop ideas to improve the care of patients.
- The hospital had recently sponsored four healthcare assistants to undertake their registered nurse training. This was part of a deliberate strategy for the hospital to develop their own staff and leaders for the future.

Vision and strategy

- The provider had developed five principles for working with young people in their CAMHS service: nurture, expectations, respect, enabling and reflection. Managers used these values in delivering service-specific training and provided staff with pocket cards to remind them.
- Staff understood the provider's vision and values, and these were clearly communicated by the senior management team. Senior and ward managers visibly demonstrated the values and the aspiration to provide the best possible care and treatment to patients.
- The senior management team engaged with staff to obtain their ideas for the overall improvement of the service. Staff could actively contribute to the overall strategy for the service. The director of nursing had started to work strategically with other services and

higher educational institutions, to ensure the strategy for the services reflected contemporary care. This also meant that the services would be well positioned for a sustainable future.

Culture

- Staff were overwhelmingly positive concerning the culture in the services. They attributed increased morale and pride for their work to the new senior management team. In addition, staff and patients praised the ward managers and gave positive feedback about the support they received from the ward managers. Staff reported that a change in staffing levels had also improved morale, as both wards now had less vacancies and a recent staffing increase to safely support patients.
- Staff felt proud about working for the provider and felt able to raise concerns with their managers. Staff said they would not hesitate approaching senior managers with concerns or issues. Mistakes were viewed as learning opportunities, and there was shared learning across the services.
- Staff respected the senior management team's vision for the central focus to be the care of patients. The senior management team had quickly and productively engaged with staff to share their vision and benefit from staff members' knowledge and experience. For example, senior managers met weekly with staff for breakfast. This was an opportunity for informal conversations to generate ideas and discuss issues.
- Staff reported that the provider promoted career progression. Ward managers started as registered nurses. On Priory Court, a registered nurse had been promoted to deputy manager. Staff could also be involved in train the trainer courses. A staff member told us that the provider paid for them to take part in a week-long prevention and management of violence and aggression training so they could train other staff members.
- Staff knew how to use the whistleblowing process. The ward had a whistleblowing poster in the nursing office, which detailed a whistleblowing helpline. The hospital had a whistleblowing policy.
- All staff we spoke to said that the team worked well together and the team was supportive. On the ward we observed good interactions between disciplines.

Governance

- Robust governance systems were in place to monitor the quality and effectiveness of the service. There were systems and procedures to ensure that the unit was safe and clean, that there were enough staff and they were trained and supervised.
- The nurse in charge at the weekend completed a checklist to ensure records and ward safety checks had been completed. This included reviewing the clinic room checks, completion of rights under the MHA and ensuring risk assessments and plans were up to date.
- The ward manager had designated leads for different audits on the ward; for example, one healthcare assistant led on the process for managing young people's property and one registered nurse led on care planning. They led on completing audits and implementing improvements.
- The ward had regular team and management meetings with clear agendas. This ensured that essential information, such as learning from incidents, safeguarding and complaints, were shared and discussed. The ward manager attended the weekly learning outcome group (LOG) meeting, chaired by the hospital managing director. We looked at the minutes from the previous three months. Managers from across the hospital came together to discuss incidents and share learning from them. Safeguarding and serious incidents were also discussed. Staff reviewed actions from previous meetings to ensure they had been completed. This meant, managers from across the hospital monitored and improved the service together.
- Senior management attended monthly clinical governance meetings. There was a clear agenda of what was discussed to ensure essential information was shared. For example, the risk register, serious incidents, staffing, safeguarding and audits were discussed and reviewed.
- The ward manager kept their own spreadsheet to monitor and ensure staff supervision took place monthly.
- Staff understood the arrangements for working in teams internally and with external agencies, to meet the needs

of the patients. The hospital safeguarding lead raised safeguarding concerns with the local authority (LA). Staff worked closely with education staff from the attached school.

Management of risk, issues and performance

- The hospital maintained a risk register which included a full description of the risk and planned actions to reduce the risk. The manager could escalate concerns when required through the hospital's clinical governance meeting.
- When staff identified area for improvement, they developed plans to address the concern. For example, the team was reviewing how the key and co working system was working.

Information management

- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well.
- Staff stored confidential records securely using the provider's electronic record systems. When they used paper records, they stored them securely in the nursing office.
- Team managers had access to information to support them with their management role. They discussed information in clinical governance meetings, and they received support from the hospital's human resources team, MHA administrators and safeguarding leads.

Engagement

- Staff received to up-to-date information about the work of the hospital, for example, through the intranet, bulletins and newsletters. Staff received a monthly learning bulletin, which shared lessons learnt from across the Priory Group.
- Staff had opportunities to give feedback on the service. One example was through monthly 'your say forums' facilitated by senior management.
- Patients' and carers' views were important to the service. A patient experience survey was undertaken quarterly. A carers survey was also undertaken, including if carers wanted to be involved in the governance or service development of the hospital. The senior management team had a clear vision that changes to services and service development should be co-produced with patients and carers.

Learning, continuous improvement and innovation

- CAMHS staff shared and learned good practice with other of the provider's CAMHS wards. Staff participated in the provider's CAMHS network. The ward managers in this network met quarterly to share learning. The provider's CAMHS service line lead sent a weekly CAMHS bulletin to the ward to continue shared learning specific to CAMHS.
- Lower Court participated in the Royal College of Psychiatrists quality network in CAMHS (QNIC), through which it received yearly peer review visits. The last visit was undertaken in November 2018. At the time of the inspection, the ward had just received it report. The ward manager planned to review this report with the wider team.

Good

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Good

Safe and clean environment

- Staff carried out regular risk assessments of the care environment including an up-to-date ligature risk assessment to manage and reduce the risk of ligature points. A ligature anchor point is an environmental feature or structure, to which patients may fix a ligature with the intention of harming himself or herself. The provider had taken steps to reduce the number of ligature points on both wards, by fitting bedrooms and bathrooms with anti-ligature fittings such as collapsible curtain rails and anti-ligature door handles. Some rooms that had reduced environmental risks had been designated 'safer' rooms. Staff had access to ligature cutters in the nurse's station and the clinic rooms.
- The layout of both wards did not always allow for clear lines of sight in every area. There were many blind spots on Priory Court. Upper Court had recently moved to another refurbished ward onsite and changed its name to East Wing. East Wing had fewer blind spots compared with the previous ward. Where there were blind spots on the wards, this was mitigated through regular safety checks, convex mirrors, observations and engagement with patients. The hospital had a camera system installed in all areas of the wards (communal areas and bedrooms). Staff only switched on the cameras in heightened areas of risk. The cameras were monitored by an external body, which alerted staff, via an emergency mobile telephone, when patients engaged in risky behaviours, for example, when a ligature point was being used. In addition, the cameras in the communal areas connected to a monitor in the nurses' station so staff could observe the ward. At the time of the inspection, none of the cameras were switched on in patients' bedrooms.
- Staff could access patient rooms quickly in an emergency. Patient's bedroom doors had anti-barricade hinges fitted. Anti-barricade doors allow staff to open a door outward should a patient put themselves or an object against the door to prevent entry.
- The wards complied with guidance on mixed gender accommodation. Priory Court had both male and female young people on the ward. At the time of the inspection, East Wing accommodated female adult patients only.
- Each patient bedroom had been fitted with nurse alarm call systems. This meant that patients could call staff in an emergency. Staff could raise the alarm in an emergency using their personal alarms.
- The provider carried out fire risk assessments for the hospital. Health and safety managers developed action plans to address areas for improvement and monitored the progress of these at monthly health and safety meetings. Staff had developed personal emergency evacuation plans, which indicated the support patients needed to evacuate the building in the event of a fire. Staff conducted weekly fire alarm tests.

Maintenance, cleanliness and infection control

- The wards were visibly clean, comfortably furnished and well maintained. East Wing had recently moved to another floor of the building and converted with all new fixtures and fittings.

- Overall, cleaning records demonstrated that staff cleaned the environment regularly. However, the nasogastric feeding rooms on East Wing did not provide a clean environment. The nasogastric feeding room seats and trolley for nasogastric feeding were visibly unclean. The nurse said the room should be cleaned every day, but there were no records kept showing this was being done. We raised this during the inspection and the provider responded immediately.

Clinic room and equipment

- The service had appropriate premises and equipment. There was appropriate equipment available for staff to use in an emergency. The clinic rooms had emergency equipment including oxygen masks and tubing. This was contained in an emergency response bag, which staff kept sealed to prevent interference between checks. Staff checked the defibrillator and oxygen cylinder, and they were both in date. In addition, staff checked adrenaline and other emergency medicines to ensure they were in date.
- Both wards had a dedicated clinic room. The clinic rooms were visibly clean. However, staff did not include cleaning equipment as part of their daily checklist to maintain hygiene. Staff checked the medicines fridge and room temperature readings each day to keep medicines at a safe temperature. Daily audits of the clinic room demonstrated that staff maintained temperatures within the appropriate range.

Safe staffing

Nursing staff

- The service had enough staff with the right skills and qualifications to keep patients safe from avoidable harm. Priory Court had an establishment of 10 whole time equivalent (WTE) registered nurses and 26 WTE healthcare assistants working. There were four vacancies for registered nurses and no vacancies for unregistered nurses. East Wing had an establishment of 12 healthcare assistants and five registered nurses. The ward had a 0.8 vacancy for registered nurses and three vacancies for healthcare assistants.
- Staff used a safer staffing tool to calculate the levels of staffing needed on each shift. On East Wing each shift consisted of two registered nurses and two unregistered nurses based on seven patients being on the wards. The additional number of unregistered nurses on each shift depended on the level of acuity on the ward. On each shift, Priory Court had three registered nurses split between the two floors, with one floating between the floors.
- Both wards had recently had their staffing levels changed to increase the number of unregistered nursing staff on the wards. This was after staff had recommended to the senior management team that more nursing staff was needed to safely meet the needs of the patients.
- The managers responded to staff shortages appropriately. When necessary, the ward managers deployed agency and bank staff to maintain safe staffing levels. The hospital had recently recruited a workforce coordinator, who arranged extra cover on the wards at short notice. This supported the managers and nurse leads to concentrate on their clinical duties. To ensure continuity of care for patients, managers block-booked agency staff who knew the wards.
- In the last three months, the number of shifts filled by bank and/or agency was 256 on Priory Court and 341 on East Wing. We also looked at the data for the number of shifts that were not filled in the last three months (where the ward was short staffed). During that period, managers had been unable to fill 15 shifts on Priory Court and 10 shifts on East Wing. During the inspection, all nursing staff and patients told us they felt there was enough staff on the wards to meet their needs safely.
- The managers could adjust staffing levels to meet changes in clinical need such as increased observation levels and escorting patients outside.
- New agency and bank staff received an induction to the wards. This provided essential information for their shift, such as health and safety procedures and important information about each patient.
- A registered nurse was present in communal areas always. The service had enough staff for patients to receive regular one-to-one time with their named nurse. The manager rarely cancelled patients' leave due to staff shortages.
- The provider ensured they completed safety checks on nursing staff before commencing employment. We

looked at a sample of 12 staff recruitment records across the hospital. Each staff member had an up-to-date disclosure and barring service (DBS) check to ensure they were safe to work with adults at risk.

Medical staff

- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Both wards had full time consultant psychiatrists specialising in eating disorder available on the wards. In addition, both wards had a ward doctor working full time. An out-of-hours on-call rota system operated within the hospital. This included a consultant psychiatrist and a registrar. The duty doctor could access the on-call consultant psychiatrist for expert medical advice in an emergency.

Mandatory training

- The service provided all staff with mandatory training in key skills required to carry out their role. Overall, 91% of staff on the eating disorders wards had completed their mandatory training. Staff completed mandatory training in managing violence and aggression, fire safety, infection control, and health and safety. Nursing staff completed training in safe nasogastric tube insertion when this was available. Some registered nurses were awaiting the next training day to complete their training in nasogastric tube insertion.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We checked three patient care and treatment records on Priory Court and four patient care and treatment records on East Wing. Staff completed a risk assessment for every patient on admission and updated it monthly or when an incident occurred. The ward doctor and nurse worked together admitting new patients to the wards. Risk assessments included a patient's physical, mental and social risk history.

Management of patient risk

- Staff completed comprehensive risk management plans for patients, including those at high risk of self-harm and over exercising that was attributed to patients with an eating disorder.
- Staff updated and responded to change in risk, including following incidents. The multidisciplinary team discussed individual patient risk at each ward round. For example, staff monitored and put a plan in place following a recent incident when a patient took an overdose. Patients assessed as having physical health risks, such as diabetes, had a risk management plan in place. On Priory Court, staff put a plan in place to monitor a patient who had recently been identified as having an irregular heart rate. This included assessing when they went on leave and monitoring their vital signs before they went on leave. In addition, staff increased patients level of physical health monitoring from daily to twice daily depending on the patients' risk of physical health deteriorating.
- Staff monitored patients who were at risk of refeeding syndrome. Patients with an eating disorder can be at risk of refeeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation. Staff monitored patients closely, particularly in the early stages of refeeding for signs of cardiovascular, fluid balance or biochemical disturbance. Doctors completed blood tests on patients determine when a patient can start feeding.
- Staff monitored patients who received food and hydration through a nasogastric tube. Staff completed a litmus test, which checks whether the feeding tube has been inserted correctly, before nasogastric feeding. If the tube is inserted incorrectly this could be fatal. We checked the previous months record for two patients, on each ward, who was receiving nasogastric feeding. On each occasion, staff had recorded the results of the litmus testing.
- Staff followed the provider's policy and procedures when carrying out observations. The multidisciplinary team assessed the level of observation patients required. Most patients were on observations of every 15 minutes or random checks four times every hour. Some patients were on one-to-one observations if they had a high level of risk. In addition, staff carried out hourly checks on the ward environment. This was to reduce the risk of harm to the patients themselves or to others.
- Staff applied blanket restrictions on the wards. These restrictions worked in accordance with the therapeutic model of treating patients with an eating disorder. For example, staff implemented age-appropriate rules for

patients on Priory Court. These included appropriate bedtimes for individual patients and the use of mobile telephones. In addition, both wards restricted access to certain rooms before and after meal times to avoid purging. Staff did not impose any inappropriate blanket restrictions.

- On Priory Court, following a number of incidents, a fob entry system to the patient bedroom area was installed. Only staff with fobs could gain access to the area. However, this meant that young people required staff if they wanted access to their property or own space.

Use of restrictive interventions

- The eating disorders service analysed incidents of physical restraint on both wards. In the last three months up until the inspection, the service recorded 102 incidents of physical restraint. On Priory Court, staff reported 100 incidents of restraint, with most attributed to two patients. Two incidents of physical restraint occurred on East Wing. The majority of the incidents were planned restraints and involved low-level hand holding or leg holding by a small number of staff. None of the restraints resulted in the person being placed in the prone or supine position. Planned physical restraint involved restraint to support insertion of nasogastric tubes. Staff recorded each planned restraint as well as unplanned restraints.
- Staff used restraint only after de-escalation had failed and used correct techniques. Staff confirmed that physical restraint was a last resort and only used after de-escalation strategies had failed. Staff on East Wing described using physical restraint in the ward as rare. We observed staff de-escalating patients after they had become distressed.
- Staff followed national guidance on monitoring patients' physical health after they had received rapid tranquilisation. Rapid tranquillisationis when medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them. In the last three months there had been 19 incidents of rapid tranquilisation, 17 of which were on Priory Court. On Priory Court, staff last used rapid tranquilisation on a patient in January 2019. Both wards kept a rapid tranquilisation tracker. This was an audit tool to monitor the number of incidents of rapid tranquilisation and whether the appropriate physical health monitoring had been carried out following rapid tranquilisation. We looked at the tracker and staff had completed that the correct physical health checks had been carried out on this patient.

Safeguarding

- Staff understood how to protect patients and young people from abuse and the service worked effectively with other agencies to do so. Ninety-two per cent of staff had completed training in how to recognise abuse in adults and children and the processes to report abuse.
- Staff gave examples of where they had identified a patient at risk of suffering avoidable harm. On Priory Court, staff had reported an incident of abuse where a child had suffered harm. On East Wing, staff had reported a safeguarding alert after a patient complained about staff.
- The service had a safeguarding lead that provided extra training and support to staff in protecting patients from abuse. The lead kept a log of all safeguarding concerns raised within the hospital with information on the types of abuse.
- Staff followed safe procedures for children and adults visiting the wards.

Staff access to essential information

- Information was available to all relevant staff when they needed it. Staff used a combination of electronic and paper files to store and record patient care and treatment records. These were stored securely on each ward. For example, staff recorded all incidents electronically and then recorded observations and physical health checks on paper, before uploading them to patients' electronic care and treatment records.

Medicines management

- The service managed patients' medicines safely and in line with national guidance. We checked medicines of three patients and these were within their expiry dates, signed correctly and contained the correct patient information. The hospital had an external pharmacist that visited the wards each week and conducted audits. In addition, on East Wing, medical staff checked patients' medicines charts fortnightly in the multi-disciplinary reviews. Staff monitored the stock levels of medicines to ensure there was always a supply

of medicines available. Staff checked the temperature of the clinic room and the fridges where medicines were stored. Staff checked to ensure the fridge temperatures were within the correct range. Records showed that staff administered patients' medicines as prescribed.

- Staff reviewed the effects of medication on patients' physical health regularly and in line with best practice guidance. At the time of the inspection, medical staff had not prescribed high dose antipsychotic medication to any of the patients. Patients had medicines prescribed within British national formulary limits. On East Wing, staff had successfully reduced a patient's high dose of opioid medicines that they had been prescribed before they were admitted to the ward.

Track record on safety

- In the last three months specialist eating disorders wards reported six serious incidents. The provider's threshold for determining if an incident was a serious incident was lower than that required in NHS services. Priory Court reported three serious incidents and East Wing reported three. These involved self-harm and incidents of violence and aggression. All of these incidents were subject to investigation.

Reporting incidents and learning from when things go wrong

- Staff managed patient safety incidents well. Staff knew what incidents should be reported and where to report them. Staff reported incidents on the hospital's electronic reporting system. Incidents included self-harm, violence and aggression and safeguarding incidents. Staff displayed monthly thematic reviews of incidents that had been reported throughout the hospital on each ward.
- Staff understood the duty of candour and the provider explained what was required of staff. The duty of candour is a regulatory duty that relates to openness and transparency. Staff apologised and gave patients honest information when things went wrong.
- The managers investigated incidents and shared lessons learnt with the whole team and the wider service. Staff discussed incidents and the learning. A weekly 'learning and outcomes group' (LOG) chaired by senior managers showed incidents across the hospital. We looked at the minutes from the LOGs that took place in January 2019. These showed that senior staff and ward managers discussed themes of specific incidents and discussed the learning from it. Senior management shared any changes with frontline staff.
- When staff learnt from incidents this sometimes resulted in a change or improvement being made to the service. For example, on Priory Court, there were a high number of self-harm incidents taking place in one area of the ward during 2018. Following this, staff installed a fob entry on the area of the ward containing patient bedrooms. This ensured that patients did not have unsupervised access to that area of the ward. On East Wing, staff changed their search protocol after an incident when patients had brought contraband items onto the ward.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed comprehensive mental health assessments of patients upon admission. We looked at seven patient care and treatment records across the two wards. Assessments included patients' risk history and current physical, mental and social care needs.
- Staff assessed patients' physical health needs in a timely manner after admission. This included a full physical health check of vital signs, electro-cardiograms (ECG) and blood tests. Staff checked patients' weight and height to start a physical health treatment plan for those with low body mass index. Staff discussed patients' physical health at ward rounds and checked this daily.
- Records showed that staff developed care plans that met the needs identified at the admission stage. For example, staff wrote a care plan based on the patients' legal status, capacity and competency assessment, daily physical health monitoring, and observation levels.
- Staff completed personalised, holistic and recovery orientated care plans with patients. The care plans we reviewed showed staff completing them in appropriate

detail and in collaboration with patients. For example, one patient had a care plan that included recovery goals for eating a meal in a restaurant. Another patient had a care plan that included their physical health conditions associated with an eating disorder. Patients each had a named nurse and had regular one-to-one key worker sessions as part of their care plan. Staff updated care plans during the multidisciplinary ward rounds.

- Patients' care plans also included the monitoring of patients' physical activity and exercise due to low weight. For example, we saw a patient's care plan that identified a cardiac problem and how staff should monitor this.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions in line with NICE for eating disorders. In addition, staff used the management of really sick patients with anorexia nervosa (MARSIPAN) and Junior MARSIPAN guidelines (Royal College of Psychiatrists evidence-based guidelines for the care and treatment of children and young people with anorexia nervosa) to plan care.
- Patients had access to psychological interventions recommended by NICE. This included individual and group support such as individual eating-disorder-focused cognitive behavioural therapy (CBT-ED). Other psychological support staff provided included family therapy, psychotherapy and dialectical behaviour therapy. Staff held group and individual support sessions such as self-help groups and individual meal support. Both wards had an occupational therapist (OT) that delivered specific groups and individual support to patients. For example, making sense (sensory group), mindfulness, relaxation and group outings. The OT on East Wing had recently introduced animal therapy, this involved a dog visiting the ward once a week. This provided patients with therapeutic support.
- Staff ensured that patients had good access to physical healthcare and referred them to specialists when needed. The ward manager on Priory Court had experience working as a general nurse and was the hospital's physical health lead. Physical health records showed that staff carried out daily vital signs monitoring. These included blood pressure, temperature, oxygen saturation and blood sugar monitoring. In addition, staff carried out blood testing and electrocardiographs (ECG). An ECG checks the heart rhythm and activity. Staff supported diabetic patients effectively. Staff supported patients visits to the local general hospital, such as cardiology, paediatrics and the dentist. This provided patients with effective care and treatment.
- Staff assessed and met patients' needs for specialist nutrition and hydration. The service offered dietetic interventions from a qualified dietitian to assess patients' dietary intake and weight restoration. The dietitian carried out nutrition and hydration management plans with patients to assess nutrition intake and meal plans. These included plans to support behaviour change around food. Staff weighed patients at least weekly, even more if this was part of their treatment plan.
- The service had a clear protocol on how to manage re-feeding (both orally and through a nasogastric tube). Patients with an eating disorder can be at risk of re-feeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation. Staff monitored patients closely, particularly in the early stages of refeeding for signs of cardiovascular, fluid balance or biochemical disturbance.
- Staff supported patients to live healthier lives. Staff offered smoking cessation support to patients that needed it. In addition, both wards held weekly yoga sessions for patients to take part in.
- Staff used Health of the Nation Outcome Scales to assess and record outcomes for patients.
- Staff used technology effectively to support patients, for example, staff used computers to record patient information onto. At the last inspection, in November 2017, we found that medical staff were unable to access blood test results promptly for new patients and the team did not receive some results for 24 hours. At this inspection, we found this still was the case. The provider used an external pathology service which sent the results to the medical staff. This can be a risk when patients are at risk of refeeding, which can be fatal if they don't receive the correct nutritional intake promptly. We raised this again with the provider. The

Director of Clinical Services had met with the pathology service recently regarding samples going missing and delays in results. The provider said there is a system to send bloods and receive results urgently and assured us during the inspection that medical staff would be made aware.

Skilled staff to deliver care

- The service contained a team with a full range of specialisms required to meet the needs of the patients. The teams included ward managers, consultant psychiatrists, a dietitian, family therapists, occupational therapists, ward doctors and clinical psychologists. East Wing was actively recruiting for a full-time dietitian. An experienced dietitian was covering in the interim for one day a week. In addition, staff used the dietitians from Priory Court when needed.
- The service ensured staff were competent to carry out their role supporting patients with an eating disorder. New staff received a two-week induction. This included shadowing experienced staff on meal management and observation. The service had recently changed their eating disorder specific training. Previously, staff attended a six-day course spread out over six months. This course had recently reduced the number of days to four. Staff that had started on the wards in the last six months had not been on this course yet. The next cohort was due to begin in June 2019. Some staff attended annual conferences specific to eating disorders to receive updates in the latest clinical practice. In addition, registered nurses attended training on safe insertion of nasogastric tubes.
- Staff also received internal physical health training that included daily vital signs, diabetes care, neurological conditions and electrocardiograms.
- Staff received regular and appropriate supervision most of the time. From December 2018 to February 2019, all staff on Priory Court had received supervision apart from in December when 64% of nurses had been supervised. On East Wing, from December to January 2019 only 41% of staff had received monthly supervision. This had improved in after the ward move in February 2019, when all staff had received supervision. In addition to one-to-one supervision, staff also received fortnightly reflective practice to discuss complex cases.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Each consultant psychiatrist held a ward round each week which consisted of nursing staff, ward doctors, therapists and education staff (on Priory Court). These meetings reviewed the patients' care and treatment including risk, recovery goals, capacity and medicines. Staff invited the patients to these meetings and on Priory Court parents were given the opportunity to provide written feedback.
- At the start of each shift, nursing staff handed over pertinent information regarding the patients' wellbeing, risks and observation levels. Staff attended weekly team meetings to discuss clinical governance, learning shared and case management.
- Staff in the team maintained effective relationships and communication with other agencies. For example, on Priory Court the ward manager virtually attended meetings with professionals in a local NHS trust. Medical staff consulted with local paediatric professionals from other NHS trusts.

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

- The provider categorised training in the Mental Health Act (MHA) as mandatory. Ninety-two per cent of staff on Priory Court had completed the training, whilst on East Wing 84% of staff had completed it.
- At the time of the inspection, on Priory Court six young people were detained under the MHA. On East Wing, five patients were detained under the MHA.
- The service had a dedicated MHA administrator who provided support to staff about the MHA and advice on its implementation. Staff completed regular audits to ensure correct application of the MHA and to identify any concerns promptly.
- Staff authorised and administered medicines for detained patients' in line with the MHA Code of Practice. For example, patients had their consent to treatment forms completed accurately and kept with their medication charts for staff to easily access.
- Staff explained to patients their rights under the MHA routinely and explained it in a way they could

understand. The MHA administrator completed monthly audits on the patient records showing that staff had read the patients their rights under the MHA. This showed data on whether patients had been read their rights each month. We looked at the audit on Priory Court for the month of February 2019 and saw that one of the five patients checked had not been read their rights for that month. This meant that staff ensured patients received their rights under the MHA.

- Details of the local mental health advocacy organisations were displayed on patient information noticeboards on both wards. This ensured patients could access an advocate when they needed.

Good practice in applying the Mental Capacity Act

- Most staff had a good understanding of the Mental Capacity Act (MCA), and the five statutory principles. Staff knew how to support patients who lacked capacity to make decisions about their care. The MCA applies to people over the age of 16. For consent and capacity in children and adolescents, staff on Priory Court referred to guidance on Gillick competence. This is a test in medical law to decide whether a child of 16 years or under is competent to consent to medical examination or treatment. If a child is Gillick competent, they give informed consent.
- Training for staff in the MCA and Deprivation of Liberty Safeguards (DoLS) was mandatory and 88% of staff had completed the training.
- We looked at seven care and treatment records in detail across both wards. Staff completed capacity assessments for patients that might have impaired capacity. These were time and decision specific. In cases of young people (under 16 years), we saw records that staff discussed each patient's mental competence at the multidisciplinary team meetings, including patients who were informally on the ward.

Are specialist eating disorder services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We spoke with four patients on East Wing and three young people on Priory Court. We received mixed feedback from patients and young people about the quality of care they received. Patients on East Wing said that staff treated them with dignity and respect. For example, staff engaged in conversation with them when carrying out observations and ensuring a female chaperone was present for physical examinations.
- On Priory Court, three young people told us that whilst some staff were caring and treated them with respect, other staff could be rude and say inappropriate things. For example, they felt that staff did not always understand their needs and support them with their eating disorder. However, the young people spoke positively about the therapy team, ward manager and some long-term agency staff.
- We observed staff interacting with patients in a thoughtful way. Staff provided emotional support to patients to minimise their distress. We observed a creative writing workshop on East Wing. Staff knew the patients very well and ensured that all patients had a chance to participate.
- Staff supported patients to understand and manage their eating disorder. For example, on Priory Court, staff developed a handbook with young people containing rules for staff and young people to follow when on the wards. The wards contained information about therapy support and rights of informal patients to leave at will. Staff provided patients with post meal support each day to help them manage their eating disorder. However, young people on Priory Court said this did not always happen.
- Staff directed patients to other services when appropriate. For example, staff worked closely with the local acute hospital around patients' physical health needs. Staff on Priory Court worked closely with the education centre onsite to ensure young people were adequately supported to help them prepare for mainstream school.
- Staff could raise concerns about disrespectful or abusive behaviour and attitudes towards patients without fear of the consequences. Staff felt able to raise concerns with their manager if they thought a patient was treated unfairly within the service.

Good

Specialist eating disorder services

- Staff maintained the confidentiality of information about the patients. Staff discussed patients' care in private and recorded this in paper files that they kept locked away or stored electronically with a password protection.

Involvement in care

Involvement of patients

- Staff involved patients and those close to them in decisions about their care and treatment. From the care plans we looked at the patients' and young people's voices were clearly identified. Only two out of the six care records we checked showed that patients had not been involved in their care planning. However, patients and young people fed back that they were not always given a copy of their care plan or involved in their care planning. From the seven patients we spoke to only two felt they were involved in their care plan and it was discussed with them.
- Patients could provide feedback about the service in many ways. The hospital undertook a patient survey focussing on patient experience quarterly. Patients were also asked about their experience 72 hours after admission to the hospital. This survey focused on practical matters, such as patients being orientated to the ward, being provided with information and the quality of the food. In addition, patients fed back about the service via weekly community meetings. We looked at the minutes for these and saw that patients on East Wing had asked for a 'pet dog' to visit the service once a week. Staff acted on this and arranged for animal therapy every Friday.
- At the last inspection in November 2017, young people on Priory Court had suggested that the nasogastric rooms be decorated with inspirational quotes. The provider had aimed to decorate them by December 2017. During this inspection, we found quotes painted on the walls of the room.

Involvement of families and carers

- Staff informed and involved families appropriately and provided them with support when needed. Priory Court provide weekly family therapy facilitated by a family therapist. Young people could choose to participate in this if they wanted. The dietitian involved families in meal plans for things such as what snacks their child, to support them with home leave.
- Staff enabled families and carers to give feedback about the service. Parents on Priory Court fed back to staff every Sunday via email before the Monday ward rounds. The multidisciplinary team used this feedback to plan home leave and support. Families also complained to staff if they had concerns about their loved one's treatment and care.

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

(for example, to feedback?)

Good

Access and discharge

Bed Management

- People could access the service when they needed it. The service worked with commissioners from NHS England to accept referrals. Most patients were funded by the NHS and some patients funded their own care. The service accepted referrals from national and international regions. Most patients were from the London and South-east regions. However, a few patients were from further afield in England as well as overseas. The ward managers planned all new admissions with the multidisciplinary team.
- Staff always ensured patients' beds were available when they returned from leave. Patients did not move between wards during their admission unless it was justified on clinical grounds, for example, if a young person on Priory Court turned 18 years old and required admission to the adult eating disorders ward, East Wing.

Discharges and transfers of care

- At the time of the inspection, the discharge from hospital of one patient was delayed. This was due to delays in finding a suitable placement for them.
- Staff planned for patients' discharge. Discharges were planned through the Care Programme Approach framework. The multidisciplinary team and the patient

wrote a discharge plan as a goal to work towards. A family member told us about the discharge arrangements for their relative who was being discharged soon. Care records included evidence of discharge planning.

- Staff supported patients during transfers between services. For example, when patients required admission to an acute general hospital for their physical health needs staff supported them during their stay or outpatient appointment.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own bedrooms, but some patients shared bathrooms. Patients could personalise their bedrooms and display their own personal possessions to feel more at home. Patients could lock away their valuable possessions. Both wards had a separate locker store where each patient had their own locker.
- Staff and patients had access to a full range of rooms and equipment to respond to patients' needs. Both wards had a designated clinic room and separate nasogastric feeding room for patients to use.
- At the last inspection, in November 2017, staff on Priory Court were in the process of building a self-soothe room for the patients to use when they are feeling distressed. At this inspection, we found the provider had now completed the works and had a designated self-soothe room on the first floor.
- On Priory Court, patients had access to a group therapy room, one-to-one therapy rooms, two communal lounges and a self-soothe room. In addition, patients had two dining areas, one for all patients to use and an extra one so parents could eat meals with the young people as part of their treatment plan. Staff kept the dining room locked outside of meal times as it was only to be used during designated meal and snack time, as recommended by national guidance.
- The adult eating disorder service moved to a newly refurbished ward on the premises in January 2019. At the last inspection in November 2017, we found that the dining room on the previous located ward (Upper Court) was too small and did not provide a positive therapeutic atmosphere for patients with an eating disorder. During this inspection, we found improvements had been made. The provider had moved the location of the ward to provide a safer and therapeutic environment. On the new ward (East Wing) patients now had access to a much bigger dining and kitchen area. At the time of the inspection, patients had to go down a flight of stairs to get to the dining room. Staff said the dining room and kitchen area will be moving to new place that has been specifically designed for the ward. This room was across the hall, near the main entrance of the ward on the ground floor level. The provider planned to start using the room the week after the inspection.
- Patients had access to a full educational programme from the linked school. Young people attended educational classes throughout the week. The dedicated teaching team worked in collaboration with the multidisciplinary team on Priory Court.
- Patients had a quiet area on the ward where they could meet with their visitors in private. Patients could make phone calls privately in their bedrooms.
- Patients accessed a spacious garden area for fresh air. Patients on East Wing had a new garden area after moving wards. The garden was bare with high fences. The garden lacked comfort and did not allow for a therapeutic atmosphere.
- Patients could choose their meals each day based on different options to meet their cultural and dietary requirements. Meals were cooked onsite by a dedicated chef working together with the dietitian. Patients gave mixed feedback on the quality of food. On Priory Court, young people fed back that the food was not age appropriate. For example, certain meals were given to young people that they would not consider eating if they were at home. Young people had fed this back to staff in December 2018 and it was brought up again recently in a community meeting. We told this to staff after the inspection. Staff told us the dietitian was going to speak with the chef for the hospital to see if they could look at making changes to the food.
- Patients had access to group activities on the wards. On East Wing, patients participated in relaxation, pampering, bullet journaling and animal therapy. On Priory Court, young people took part in education, mentalisation drama therapy and art work groups. Priory Court no longer had an activities coordinator and healthcare assistants to facilitate activities. A lot of patients and young people went home at the weekends. However, some patients and young people had families

too far away to be able to go home. The young people fed back that they would like activities at the weekend, as it can be boring, which could impact on their recovery.

Patients' engagement with the wider community

- Staff ensured that patients had access to education opportunities. On Priory Court, young people attended full time education during term time at the service's dedicated educational facility. Education staff attended the weekly multidisciplinary meetings.
- Staff supported patients to maintain contact with their families and carers. For example, staff supported relatives and carers to provide feedback to the multidisciplinary team at patients' care programme approach (CPA) meetings and ward rounds via email or in person.

Meeting the needs of all people who use the service

- The service planned and provided services in a way that met the needs of local people. The service adjusted for patients with disabilities to access the premises. Patients could access Priory Court via a lift if they had poor mobility. East Wing was split over two floors with the entrance on the ground floor level. Patients with low mobility would be placed on the ground floor.
- Staff ensured patients could obtain information about their stay whilst on the wards including how to complain, safeguarding and local advocacy services. Staff said they could access interpreters for patients and families whose first language was not English.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes. Priory Court received eight complaints and East Wing had received seven complaints in the last 12 months. The complaints involved staff communication or treatment methods. Three of the complaints were upheld, seven were partially upheld, four were not upheld and one was still under investigation. None of the complaints were referred to the Ombudsman.
- Patients knew how to complain and felt able to do so. Patients' information packs contained the information about the complaints process and staff displayed it on the noticeboards.
- When patients complained, staff ensured they provided them with feedback. For example, formal complaints had written responses and the senior management team responded to complaints in a timely way. Responses showed evidence of transparency and accountability to patients and their families.
- The managers' shared outcomes of complaints and lessons learnt via the staff intranet and team meetings. Staff discussed changes to the service because of complaints. After a patient complained on East Wing, staff discussed it at their next team meeting. This ensured staff could discuss their use of searches on patients and come to an agreement on how to manage the patient's care and treatment.

Are specialist eating disorder services well-led?

Good

Leadership

- Since the inspection in November 2017, there had been changes in the senior management of the hospital and some ward manager posts. Apart from the medical director, the senior management team were relatively new to their posts. However, they had extensive clinical and managerial experience. In a short space of time, they had made a demonstrable impact to the safety and quality of care provided to patients.
- The senior managers and ward managers had a very good understanding of the services and their challenges. They knew how staff worked to provide high quality care. The senior management team were visible and accessible to staff and patients. They demonstrated effective leadership skills, were role models, and had developed an inclusive culture. They empowered staff to develop ideas to improve the care of patients.
- The hospital had recently sponsored four healthcare assistants to undertake their registered nurse training. This was part of a deliberate strategy for the hospital to develop their own staff and leaders for the future.

Vision and strategy

- Staff understood the provider's vision and values, and these were clearly communicated by the senior management team. Senior and ward managers visibly demonstrated the values and the aspiration to provide the best possible care and treatment to patients.
- The senior management team engaged with staff to obtain their ideas for the overall improvement of the service. Staff could actively contribute to the overall strategy for the service. The director of nursing had started to work strategically with other services and higher educational institutions, to ensure the strategy for the services reflected contemporary care. This also meant that the services would be well positioned for a sustainable future. In addition, on East Wing, staff had received an increasing number of patients with a personality disorder. The senior management team was working with the ward manager to train staff in dialectical behavioural therapy skills to support patients with their personality disorder.

Culture

- Staff were overwhelmingly positive concerning the culture in the services. They attributed increased morale and pride for their work to the new senior management team. In addition, staff and patients praised the ward managers and gave positive feedback about the support they received from the ward managers. Staff reported that a change in staffing levels had also improved morale, as both wards now had fewer vacancies and a recent staffing increase to safely support patients.
- Staff felt proud about working for the provider and felt able to raise concerns with their managers. Staff said they would not hesitate approaching senior managers with concerns or issues. Mistakes were viewed as learning opportunities, and there was shared learning across the services.
- Staff respected the senior management team's vision for the central focus to be the care of patients. The senior management team had quickly and productively engaged with staff to share their vision and benefit from staff members' knowledge and experience. For example, senior managers met weekly with staff for breakfast. This was an opportunity for informal conversations to generate ideas and discuss issues.
- Staff reported that the provider promoted career progression. Ward managers started as registered nurses. On Priory Court, a registered nurse had been promoted to deputy manager. Staff could also be involved in train the trainer courses. A staff member told us that the provider paid for them to take part in a week-long prevention and management of violence and aggression training so they could train other staff members.

Governance

- The service had a clear framework of what must be discussed at ward and senior management level. For example, monthly ward staff meetings followed a clinical governance structure where pertinent issues such as incidents, complaints, best practice and performance data were discussed. The ward managers fed into the weekly learning and outcomes group (LOG) where safety incidents were discussed with the senior clinical team. This group shared learning between the wards because of safety incidents. For example, the minutes for the January 2019 LOG showed emergency simulations being carried out across the hospital to train staff in restraining for rapid tranquilisation.
- There were systems of governance in the hospital for ward managers to monitor and improve their wards. For example, ward managers monitored and recorded the use of rapid tranquilisation on the wards. This meant that managers could ensure that rapid tranquilisation was administered safely and in line with best practice. Ward managers also monitored the number and types of incidents reported on their wards through the provider's electronic reporting system. In addition, ward managers kept their own spreadsheet to monitor nursing staff supervision to ensure it was being carried out monthly. Managers accessed the provider's online training system to manage and book staff onto training.
- Ward managers also attended monthly clinical governance meetings including monthly medicines management meetings with the pharmacist. These meetings with the pharmacist had just been introduced in January and the ward managers, medical director, director of nursing and the external pharmacist attended these. Staff shared best practice in medicines and shared learning from any medication errors and audits.

- Staff participated in local audits to improve the running of the wards. This included audits on how the Mental Health Act was implemented and audits to check the quality of care plans and risk assessments. In addition, the provider carried out hospital wide health and safety audits to ensure the safety of the wards.

Management of risk, issues and performance

- The provider maintained a risk register which included a full description of the risk and planned actions to reduce the risk. Managers could add local risks to the service wide risk register. On East Wing, risks such as staffing and the recent change in the ward's location onsite were on the risk register.

Information management

- The service used systems to collect data about the performance of the wards. These systems were not over-burdensome for frontline staff. Staff reported incidents on the provider's electronic online reporting system. Staff could do this as soon as an incident occurred on the ward. The ward managers used this system to collect themes on what types of incidents staff were reporting each month.
- Ward managers had access to system to manage and monitor the performance of their ward. This included information on patients' care and treatment and staff performance. For example, managers accessed online training systems and received information on audits carried out of patients detained under the Mental Health Act. In addition, the ward managers also used a rapid tranquilisation tracker to record and monitor the safe use of rapid tranquilisation on patients.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider. For example, staff could access information through the staff intranet. Patients and carers received updates from staff at community meetings and newsletters.
- Patients' and carers' views were important to the service. A patient experience survey was undertaken quarterly. A carers survey was also undertaken. The survey asked whether carers wanted to be involved in the governance or service development of the hospital. The senior management team had a clear vision that changes to services and service development should be co-produced with patients and carers.
- Managers had access to feedback from patients, carers and staff and used it make improvements. A staff survey was completed by the provider which showed an increase in respondents from 2018. Fifty-three per cent of 157 respondents in the staff survey indicated that senior leaders made an effort to listen to staff. However, the survey also showed that 48% of 155 respondents did not feel they would receive support for career progression. The ward manager on Priory Court collected feedback from five young people in December 2018 and presented the results to the senior clinical governance meetings.
- Senior management engaged with external stakeholders such as commissioners.

Learning, continuous improvement and innovation

- At the time of the inspection, Priory Court had recently undergone an audit completed by the Quality Network for Eating Disorders. The manager said they should receive their accreditation for this shortly.

Good

Hospital inpatient-based substance misuse services

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

Are hospital inpatient-based substance misuse services safe?

Good

Safe and clean environment

- The hospital completed weekly fire tests and monthly fire drills. Action plans were in place to address identified risks and learning from fire drills.
- During the last inspection in November 2017, we found that the ward layout did not allow staff to have clear lines of sight throughout the ward. During this inspection we found that this issue had been rectified and all areas identified as having poor lines of sight were now monitored by a member of staff 24 hours a day or by a camera system.
- There were a number of ligature anchor points on the ward and these had been the focus of a specific risk assessment. Some patients' bedrooms on the ward were designated for those patients at increased risk of harming themselves. The ligature risk assessment was completed and updated every six months.
- Male and female patients' bedrooms and washing facilities were in separate parts of the ward.
- Staff had personal alarms and alarms were also placed in the corridors and nursing office. There were individual alarms in patients' bedrooms.
- All ward areas were clean, had good furnishings and were well-maintained. Domestic staff cleaned bedrooms, communal areas and the clinic room regularly. The ward had its own garden.
- Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly.
- The clinic room was fully equipped with accessible emergency drugs that staff checked regularly. Naloxone was available to be used for opiate overdose.
- At the November 2017 inspection, some items of emergency equipment were not recorded on the emergency equipment checklist. At this inspection, all of the emergency equipment was on the checklist. The equipment, included oxygen and a defibrillator, were kept in the nursing office.
- Staff maintained equipment well and kept it clean. Calibration stickers were visible and in date. The clinical room had a full range of equipment to support patients undergoing detoxification. In November 2017 we found staff could not calibrate blood glucose monitoring equipment properly. This potentially led to inaccurate blood glucose readings. On this inspection, staff calibrated the equipment correctly.

Safe staffing

- West Wing had nine registered nurses and 14 WTE healthcare assistants. There were no vacant nursing posts on the ward, following recent successful recruitment.
- Bank and agency staff worked 342 shifts in the previous three months. In the same period, a further 13 shifts were unfilled by bank and agency staff. The ward manager and senior management team were clearly focused on ongoing recruitment and retention of nursing staff.
- Managers determined ward staffing levels using a 'staffing ladder' tool dependant on the number of

patients on the ward. Staffing levels were displayed on a white board in the nursing office. There was always at least one registered nurse who had been trained in alcohol detoxification working on the ward.

- A duty doctor was on call at the hospital day and night each day of the year. Staff knew how they could contact the doctor in the event of an emergency.
- Seventy-six per cent of permanent staff and bank staff on West Wing had completed all types of mandatory training. A further 16% of staff were booked in to complete their mandatory training. Mandatory training included basic life support, infection control and managing complaints.

Assessing and managing risk to patients and staff

- During the November 2017 inspection, we found that staff did not comprehensively assess risks to patients of undergoing alcohol or drug detoxification treatment. The risk of patients having alcohol withdrawal seizures, delirium tremens, being pregnant or having alcohol-related brain damage were not always assessed. On this inspection, we reviewed four patients' care records. Staff undertook a risk assessment before patients were admitted for alcohol or drug detoxification treatment. This risk assessment included whether the patient had a past history of seizures or delirium tremens.
- On admission to the ward, staff assessed patients' physical health, including obtaining blood results, and offering blood borne virus and pregnancy testing. Patients also provided a specimen for drug testing. Staff also assessed patients' mental health , specifically concerning any potential risks of the patient harming themselves. Patients also had a brief cognitive assessment when they were admitted. A cognitive assessment is a formal assessment of a person's thinking processes, such as memory and concentration. A brief cognitive assessment can indicate if a patient may have alcohol-related brain damage. This followed best practice guidance (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE, 2011).
- Patients were asked if they drove vehicles and were provided with information on action they needed to take. This followed best practice guidance (Assessing fitness to drive – guidance for medical professionals, DVLA, 2019).
- Staff provided patients who wanted to leave prior to their detoxification treatment finishing with advice. This information concerned the increased risks to patients if they consumed alcohol or drugs. The ward manager checked that staff provided patients with this information. Staff did not provide written information to patients concerning the risks.
- Some patients did not consent to staff at the hospital contacting their GP. This meant that the service relied on patients to provide a history of withdrawal seizures, delirium tremens and other health problems. Staff could not check they had all relevant information about patients' health. This may have increased the risk of treatment for some patients. The General Medical Council provides guidance for doctors when patients do not consent to sharing medical information (Good Medical Practice, 2013).
- Staff identified and responded to patients' changing risks well. Staff used the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) to assess patient risks during alcohol detoxification. When patients had an increased score, staff dispensed additional medicine. This significantly reduced the risk that patients would have alcohol withdrawal seizures or delirium tremens, both of which can be fatal.
- Staff only admitted the patient for alcohol detoxification treatment once their physical health had been assessed and investigated. For example, staff had recently accompanied a physically unwell patient to the local emergency department for a physical health examination and investigations.
- Staff searched patients when they were admitted to the ward for alcohol or drug detoxification treatment. Staff took items that could cause harm, such as razors, perfumes and glass, from patients. Staff placed individual restrictions on patients when required and included this in the patients' risk assessment. For example, if a patient had a gambling addiction, staff would monitor the patients' mobile phone usage and access to gambling websites.

- Patients were not allowed to smoke on the ward. Patients were required to smoke in a designated smoking area in the garden or outside the hospital grounds. The service planned to implement a smoke-free policy from July 2019 onwards.

Safeguarding

- Sixty-nine per cent of staff had completed safeguarding adults at risk training and 66% had completed safeguarding children training at the time of the inspection. In addition, a further 24% of staff were booked onto both types of training, including staff who had recently been recruited.
- During the November 2017 inspection, two patients' care records did not include information concerning potential risks posed by the patient to vulnerable adults or children. During this inspection, we found that staff routinely asked about children and vulnerable adults and assessed potential risks during patients' admission.
- Staff members knew how to identify potential risks to vulnerable adults and children. This included indirect risks, such as potential domestic violence when children were at home.
- The hospital safeguarding lead was a qualified social worker. They met with the therapy team each week to discuss patients. The aim of this meeting was to identify if any safeguarding issues had arisen during patient therapy groups.
- Staff followed safe procedures for children visiting the ward. Children who were aged under 12 were not allowed to visit the ward. Staff booked separate spaces off the ward for family visits.

Staff access to essential information

- Staff accessed patient care records by an electronic care record system. Paper files contained other information including patients' consent to treatment, confidentiality agreement and assessments of their mental capacity. Staff knew how each type of information was recorded and what information was available electronically or on paper.
- All information needed to deliver patient care was available to all relevant staff. Bank and agency staff could access and document patient information.

Medicines management

- Staff had medicines management training and followed effective medicines procedures. The temperatures of the clinic room and medicines refrigerator were recorded daily. This ensured medicines were stored at the correct temperature. Medicine administration records included any patient allergies and clearly recorded medicines prescribed to patients.
- During the November 2017 inspection, we found that staff did not always record why they had dispensed additional 'as required' doses of medicine to patients having alcohol detoxification treatment. It was unclear how staff decided patients required additional medicine. At this inspection, staff clearly used the CIWA-Ar scale to identify if patients required additional medicine, based on their alcohol withdrawal symptoms.

Track record on safety

- There had been three serious incidents on West Wing in the last 3 months. One of these had involved a patient having a seizure. The provider's threshold for determining if an incident was a serious incident was lower than that required in NHS services. All of the incidents had been investigated to identify any learning and good practice.

Reporting incidents and learning from when things go wrong

- Staff were confident in knowing what incidents to report and understood how to raise an incident via the electronic incident reporting system. Staff reported a wide range of incidents and these was done in a timely manner and followed up where necessary.
- The ward manager attended the weekly learning and outcomes group meeting. This meeting was an opportunity for senior staff to discuss incidents, safeguarding matters and patients who are assessed as having increased risks. The meeting gave staff the opportunity to learn from incidents from other parts of the hospital.
- Incidents and learning outcomes were regularly discussed on the ward. Staff told us that incidents were discussed at team meetings. Meeting minutes demonstrated that feedback from incidents was an agenda item and staff discussed the learning from

Good

Hospital inpatient-based substance misuse services

incidents. For staff that were unable to attend the meeting, feedback was sent to them and the provider sent out a 'monthly learning bulletin', which included alerts to staff.

Are hospital inpatient-based substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- During the inspection, we reviewed three patients' care records. Staff completed comprehensive assessments of patients' physical and mental health and substance misuse history. Patients had blood tests on admission and, where appropriate, pregnancy tests. Staff used the Alcohol Use Disorders Identification Test (AUDIT) to assess patients' alcohol addiction. The AUDIT is a screening tool. Staff did not assess the severity of patients' dependence using a severity tool such as the Severity of Alcohol Dependence Questionnaire (SADQ), as recommended (NICE, 2011). However, the service was planning to commence using the SADQ shortly after the inspection.
- Care plans were personalised, holistic and recovery-orientated. They were up to date, thorough and completed in a timely manner. They were detailed and included the view of the patient. Care plans included sections on keeping well and healthy, keeping connected with friends and family and keeping safe.

Best practice in treatment and care

- Staff used recognised withdrawal tools such as CIWA-Ar for alcohol detoxification, and the Objective Opiate Withdrawal Scale (OOWS) and Subjective Opiate Withdrawal Scale (SOWS) for opiate detoxification. The length of patients' detoxification treatment varied depending on their need. The service used standard detoxification medicine regimes. For patients with alcohol dependence, doctors prescribed pabrinex and thiamine. The prescription of these medicines followed good practice guidance (Alcohol-use disorders: diagnosis and management of physical complications, NICE, 2017). Doctors also prescribed patients medicines to address side effects of alcohol or opiate withdrawal.
- The ward doctor or consultant reviewed patients' detoxification treatment within the first 72 hours of treatment. This ensured patients were prescribed a suitable detoxification medicine regime. Where patients had minimal withdrawal symptoms and were prescribed low doses of medicines, staff stopped the detoxification regime as it was not required.
- Patients attended an intensive 28-day therapy programme, following the 12 step model of recovery. This was supported further by staff arranging for patients to attend mutual aid groups, such as alcoholics anonymous.
- The Priory offered patients continuing support after their initial therapy programme, for no further cost. Patients could access aftercare, which consisted of weekly group therapy, whenever they wished. Families could also attend the aftercare programme.
- Patients had access to good physical healthcare when required. The ward could access specialist doctors when required.
- Staff measured patient outcomes using Health of the Nation Outcome Scales.
- The ward manager, deputy and clinical team leaders undertook a range of clinical audits. The audits monitored patients' admission and detoxification treatment in detail. This meant the ward management team could ensure every aspect of patients' assessment and treatment followed best practice guidance. Staff completed a checklist to ensure patients had effective care, including a pre-admission risk assessment, blood testing, blood borne virus testing, consent and capacity, and use of the CIWA-Ar monitoring tool.

Skilled staff to deliver care

- The ward employed qualified nurses, healthcare assistants, psychiatrists and a range of specialist addiction therapists who worked in a separate department. The therapies department employed peer support workers who were ex-patients. The peer support workers provided support and advice to patients undergoing the addiction therapy programme. The ward had access to a hospital social worker.

Good

Hospital inpatient-based substance misuse services

- Staff received an induction when they started working on the ward. Staff we spoke to mentioned that this induction was thorough and relative to their post.
- At the November 2017 inspection, we found that staff did not have the knowledge, skills or competencies required for patients to have safe alcohol or drug detoxification. At this inspection, managers ensured that staff received the necessary specialist training for their roles. All staff were expected to attend substance misuse training, and there was at least one registered nurse per shift who had undertaken this training. This training covered physical health risks, the use of withdrawal tools and assessing capacity. Staff spoke very positively regarding the content of this training. The ward manager had undertaken additional training regarding substance misuse, focusing on risks. This had included suicide, sexual behaviour, violence and aggression and appetite disturbance.
- The provider required consultants to demonstrate they completed continuous professional development in the area of substance misuse before they could admit patients to the ward for alcohol or opiate detoxification. The ward manager and clinical lead of substance misuse planned to deliver further specialist training for medical staff.
- Nursing staff had completed the medically assisted competency checklist and there was a plan for nursing staff to refresh their competencies annually.
- Nursing staff received managerial supervision. In the three months before the inspection, the average rate attendance at managerial supervision was 91%, with two months having 100% attendance. The provider also planned for nursing staff to receive clinical supervision facilitated by an external professional. At the time of the inspection, this role was not filled, but the management team hoped to appoint someone shortly. In the meantime, staff could discuss case management in managerial supervision.
- Seventy-five per cent of consultant psychiatrists had an appraisal in the previous year. All the consultants were up to date with General Medical Council revalidation.
- The ward manager dealt with matters concerning staff employment and performance. Results from the clinical audits were followed up with individual members of staff where necessary.

Multi-disciplinary and inter-agency team work

- The ward had multidisciplinary (MDT) team meetings between nurses, healthcare assistants and ward doctors. Consultant psychiatrists met with nursing staff when they visited their patient on the ward.
- Staff shared information about patients at effective handover meetings, twice per day. Flash meetings took place daily. These meetings reviewed staffing and patient risks during detoxification.
- The ward staff had effective working relationships with teams outside the organisation. For example, staff sent a detailed patient discharge summary to relevant community professionals such as GPs, if the patient consented for information to be shared.

Good practice in applying the Mental Capacity Act

- Sixty-four per cent of ward staff had completed Mental Capacity Act training. A further 11% were booked onto the training. Patients' capacity to consent to treatment was considered during patients' admission. If patients had taken drugs or alcohol prior to admission, their capacity to consent to treatment was assessed again the following day in line with best practice.
- Most staff could explain the principles for assessing a person's capacity. All staff informed us that they would inform the doctor if they had concerns about a patient's capacity.

Are hospital inpatient-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive. They provided patients with help, emotional support and advice at the time they needed it.
- Patients told us that staff communicated well and were quick in their responses to patient needs. Patients gave us examples of staff who were 'lovely', 'approachable' and were described as providing 'exceptional care'. They said that staff treated them well and behaved appropriately towards them.

Good

Hospital inpatient-based substance misuse services

- Staff understood and felt confident to raise concerns without fear of victimisation. Staff felt well supported and cared for.
- Staff protected patients' confidentiality and understood the importance of this. They gave examples of how they maintained patient confidentiality. For example, not discussing patients' treatment in front of other patients.

Involvement in care

- Staff used the admission process to orient patients to the ward and to the service. On admission patients were shown around and were provided with an induction pack. This contained information in relation to what to expect, introduction to staff members on the ward and timetables for various groups and activities.
- At the November 2017 inspection, we found that staff did not always involve patients with care planning. At this inspection, staff involved patients in care planning and risk assessment. This was evidenced in care plans. Patients we spoke to said they felt involved in their care and treatment. Staff communicated with patients so that they understood their care and treatment. Four patients we spoke to understood their care plan and goals during treatment.
- Patients were able to provide feedback about the service in a number of ways. A patient survey was undertaken quarterly focussing on patient experience. Patients were also asked about the experience 72 hours after admission to hospital. This survey focused on practical matters, such as patients being orientated to the ward, being provided with information and the quality of the food. We saw evidence that feedback was listened to and addressed. For example, patients were unhappy about the gym opening hours. In response, managers extended the gym hours. Another patient said they did not know who was their named nurse. In response, a healthcare assistant made laminated sheets that included the names of each patient's named nurse and co-worker.
- During the inspection, we observed that the ward had received thank you cards from patients. Staff appreciated the recognition of their work.
- Staff informed and involved families and carers appropriately and provided them with support where needed.
- Families and carers were invited to attend the twice monthly family programme. This was part of the provider's free aftercare for the addiction programme. Staff enabled families and carers to give feedback on the service they received through the family programme.

Are hospital inpatient-based substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

The ward was a private mixed acute psychiatric admission ward and a ward for people with substance misuse problems. Beds were not specifically allocated to either patient group. Beds were available as required. The ward accepted patients from across the United Kingdom and from other countries.

Discharge and transfers of care

- Patient discharge was planned during treatment. Staff ensured that discharge summaries were sent to professionals in the community with the patient's consent, such as their GP.

The facilities promote, comfort, dignity and privacy

- Patients had their own bedrooms with an ensuite bathroom. Patients could personalise their bedrooms. Patients had personal safety boxes within each bedroom to store their possessions.
- Staff and patients had access a full range of rooms and equipment to support treatment and care. There was a clinic room, activity rooms, consultation and therapy rooms.
- Patients could make a phone call in private and had their own mobile phones.
- Patients had access to a communal garden space and the grounds of the hospital.

Good

Hospital inpatient-based substance misuse services

- The hospital restaurant offered a range of food and meals and patients could make hot drinks and snacks on the ward. Patients we spoke to were generally satisfied with the facilities available to them and commented that these facilities were comfortable.
- Staff supported patients to maintain contact with their families and carers. We spoke to patients who told us that their family and carers could visit them and this was encouraged by staff members.

Meeting the needs of all people who use the service

- The ward was unable to admit patients who had a physical disability or limited mobility. This was because there was no lift to reach the ward. The toilets did not support people with mobility impairments.
- Patients had access to information relating to mutual aid groups offered at the hospital to support them with alcohol and narcotic addictions. Staff were able to source support group information where needed including in different formats and languages.
- Patients could access spiritual support in the community. The hospital had a chaplain.

Listening to and learning from concerns and complaints

- Patients were provided with information on complaints in the induction pack. They knew how to complain or raise concerns. Patients told us when they complained or raised concerns, they received feedback.
- Staff had undertaken training on complaints handling.
- West Wing had a total of 16 complaints in the last 12 months. One complaint was upheld and seven were partially upheld. Four complaints were not upheld and two were withdrawn. Two complaints were under investigation at the time of the inspection.
- Formal complaints were responded to in a timely way. There was evidence that complaint investigations were transparent and full details were provided to patients and families in complaint responses. There was also a process whereby patients could appeal the investigation or outcome of a complaint.

Are hospital inpatient-based substance misuse services well-led?

Good

Leadership

- Since the inspection in November 2017, there had been changes in the senior management of the hospital and some ward manager posts. Apart from the medical director, the senior management team were relatively new to their posts. However, they had extensive clinical and managerial experience. In a short space of time, they had made a demonstrable impact to the safety and quality of care provided to patients.
- The senior managers and ward managers had a very good understanding of the services and their challenges. They knew how staff worked to provide high quality care. The senior management team were visible and accessible to staff and patients. They demonstrated effective leadership skills, were role models, and had developed an inclusive culture. They empowered staff to develop ideas to improve the care of patients.
- The hospital had recently sponsored four healthcare assistants to undertake their registered nurse training. This was part of a deliberate strategy for the hospital to develop their own staff and leaders for the future.

Vision and strategy

- Staff knew and understood the provider's vision and values and applied this in the work of their team. Staff we spoke with told us that they understood the vision of the service. Staff aimed to help people recover from their addiction.
- Staff understood the provider's vision and values, and these were clearly communicated by the senior management team. Senior and ward managers visibly demonstrated the values and the aspiration to provide the best possible care and treatment to patients.
- The senior management team engaged with staff to obtain their ideas for the overall improvement of the service. Staff could actively contribute to the overall strategy for the service. The director of nursing had started to work strategically with other services and higher educational institutions, to ensure the strategy for the services reflected contemporary care. This also meant that the services would be well positioned for a sustainable future.

Culture

Good

Hospital inpatient-based substance misuse services

- Staff felt respected, supported and valued. Staff told us that since the last inspection many positive changes had been made and they felt supported during this process.
- Staff felt positive and proud about working for the provider and their team. During the inspection, staff we interviewed spoke highly of the team they work in and were genuinely proud of being part of the team.
- Staff told us that they felt able to raise concerns without fear of retribution and were able to approach management with any concerns they may have.
- Staff respected the senior management team's vision for the central focus to be the care of patients. The senior management team had quickly and productively engaged with staff to share their vision and benefit from staff members' knowledge and experience. For example, senior managers met weekly with staff for breakfast. This was an opportunity for informal conversations to generate ideas and discuss issues.
- Staff said they would not hesitate approaching senior managers with concerns or issues. Mistakes were viewed as learning opportunities, and there was shared learning across the services. The senior management team were also focussed on effective team-building.
- Staff knew how to use the whisleblowing process and told us that they felt confident to speak to their managers if they had any concerns.

Governance

- At the November 2017 inspection, we found that the governance system did not proactively identify safety and quality issues when patients were having detoxification treatment. We had particular concerns regarding the system to ensure safe alcohol detoxification treatment. At this inspection, there was a specific and comprehensive system to ensure patients had safe alcohol and drug detoxification treatment. Staff were trained and were knowledgeable about risks in treatment. There was a detailed system of audit to ensure treatment and care followed best practice. Standards were well known amongst the staff team and there was a shared purpose to ensure safe and high-quality care was provided to patients.
- The provider's substance misuse policy supported effective drug and alcohol treatment, and followed best practice guidance. Governance systems concerning health and safety and the environment were well developed, and there was an effective system to obtain patients feedback.
- There were effective systems for safeguarding, learning from incidents and staff supervision.

Engagement

- Patients' and carers' views were important to the service. A patient experience survey was undertaken quarterly. A carers survey was also undertaken, including if carers wanted to be involved in the governance or service development of the hospital. The senior management team had a clear vision that changes to services and service development should be co-produced with patients and carers.

Learning, continuous improvement and innovation

- The senior management team at the hospital were developing a culture of continuous improvement. This included empowering staff, and encouraging staff to contribute ideas for improvement.

Outstanding practice and areas for improvement

Outstanding practice

- The system of audits for patients having substance misuse detoxification was detailed and was above and beyond what is normally expected in a substance misuse service. This system ensured best practice guidance was followed at each stage of treatment.
- Senior managers met monthly with staff for breakfast. This was an opportunity for informal conversations to generate ideas and discuss issues. Staff valued these meetings with the senior management team. The meetings were an essential element to the recent change in culture, focusing on patient safety, transparency and learning. Staff felt valued and supported.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should continue efforts to recruit permanent registered nurses on Lower Court.
- The provider should ensure that previous health and risk information is obtained from GPs prior to patients commencing alcohol or drug detoxification treatment.
- The provider should provide written information to patients concerning risks if they exit alcohol or drug detoxification treatment early.
- The provider should ensure that all patients on Lower Court are treated with respect and dignity. The provider should also ensure staff knock on patients' bedroom doors before entering.
- The provider should consider reviewing young peoples' access to bedrooms on Lower Court, so that staff can keep young people safe in the least restrictive way possible.
- The provider should ensure that activities are available at the weekends on Priory Court so that young people do not become bored.