

The Priory Hospital St Neots

Quality Report

The Priory Hospital
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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, St Neots as good because:

- The hospital was safe, visibly clean and well maintained. Staff completed cleaning records that showed the hospital was regularly cleaned throughout the day.
- Staff stocked medication that was correct for patient's needs. Staff completed physical health check records that were current and ongoing. Staff had access to emergency equipment and knew where to find this. The provider met the physical healthcare needs of its patients. There was a designated, fully equipped clinic room. The GP attended weekly for planned appointments. Patients could attend urgent appointments at the local GP surgery.
- The provider had a policy and procedures for use of observation. Patients had one to one support, 15-minute checks or 30-minute checks depending on need. Staff ensured all paper and electronic patient information was stored securely. Care records and care plans contained up to date, personalised, holistic treatment goals.
- The provider had an open, transparent approach to learning from incidents. Managers would debrief staff after an incident. Staff said they had opportunity to discuss and learn how to make improvements in safety.
- Managers addressed staffing levels daily to ensure that was an appropriate staff to meet the needs of the

patients. Hospital managers supported staff to deliver high quality care by promoting team working and mutual support. Eighty one per cent of staff were compliant with mandatory training. Staff and managers completed annual appraisals. The provider held regular staff team meetings. Staff knew how to spot safeguarding issues and how to report these effectively.

- Patients were encouraged to share views and discuss any concerns or ideas. Staff interactions with patients were caring and senior management were approachable and friendly. Patients reported staff treated them kindly and with dignity.
- Staff regularly informed patients of their rights under the Mental Health Act and reviewed detained patients paperwork regularly.
- There were a variety of room for patients and their visitors to use including a family visiting room. Patients had access to a private garden where visitors could also sit. Patients could personalise their rooms and artwork made by patients was displayed throughout the hospital.

However:

- Staff did not always inform all patients' carers of new best interest decisions.
- Some patients' records we sampled did not describe what went well or how patients felt when they returned to the hospital from agreed leave.

Summary of findings

Contents

Summary of this inspection

	Page
Background to The Priory Hospital St Neots	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Overview of ratings	10
Outstanding practice	19
Areas for improvement	19

Good 

The Priory hospital, St Neots

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to The Priory Hospital St Neots

Priory Rehabilitation Service Limited provides private health care for people with a diagnosed mental health disorder. Patients at The Priory Hospital, St Neots, are informal or detained under a section of the Mental Health Act 1983.

The Priory St Neots is a long stay rehabilitation hospital that supports up to 39 patients, providing 24-hour support seven days a week. At the time of this inspection, 27 patients were receiving care and treatment.

There were three wards, each meeting different patient need.

Willow Ward – locked rehabilitation for male patients with a mental illness, 12 beds

Cherry Ward – locked rehabilitation for male patients with a mental illness, 7 beds

Maple Ward – locked rehabilitation for female patients with a mental illness, 19 beds

The hospital is registered with the Care Quality Commission to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- treatment for disease, disorder and injury
- diagnostic and screening procedures
- accommodation for persons who require nursing or personal care accommodation for persons who require treatment for substance misuse

There have been five inspections carried out by the Care Quality Commission at The Priory Hospital St Neots, the most recent of which took place on 21 January 2015. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) at that time.

Our inspection team

Inspection lead: Peter Johnson, inspection manager.
Three CQC inspectors, a mental health act reviewer and an assistant inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients' family and carers.

During the inspection visit, the inspection team:

- visited all three wards at the hospital
- checked the quality of the ward environment, observed how staff cared for patients and spoke with nine patients who were using the service

Summary of this inspection

- interviewed members of the senior management team and ward managers or acting managers for each of the wards
- spoke with 30 other staff members including health care professionals
- collected feedback from patients using comment cards
- contacted five carers for their feedback
- looked at 16 patient care and treatment records
- completed a specific check of the medication management on all three wards
- reviewed a range of policies, procedures and other documents relating to the running of the service
- examined the documents relating to ten patients detained under the Mental Health Act (1983).

What people who use the service say

We spoke with nine patients.

Patients said staff were caring and treated them with dignity and respect and that they felt safe on the wards. They enjoyed the activities the hospital offered.

Two comment cards were completed. The comment cards said that the hospital was always clean and tidy and that staff seemed to care and work hard to make the place seem like home.

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:

- The ward areas were visibly clean. The furnishings were in good repair.
- The hospital had safeguarding procedures in place to protect vulnerable patients. Staff took a proactive approach to safeguarding and responded appropriately to signs or allegations of abuse. Staff understood their responsibilities in reporting any safeguarding and worked closely with the local safeguarding team.
- The provider ensured correct staffing levels for each shift.
- Staff were trained in prevention and management of violence and aggression techniques to help calm and support patients when distressed.
- Managers and staff discussed incidents in daily meetings, where staff could learn from incidents and suggest new ways of working. Monthly team meetings take place where staff contributed to the agenda.

However:

- Staff could not easily observe some patients in some areas of the hospital due to poor lines of sight. Staff would observe patients when they were in these areas which mitigated the risks.

Are services effective?

Good



We rated effective as good because:

- Staff completed assessments on admission and regularly updated them.
- Staff completed care plans that described how to meet patients physical and mental health needs.
- Staff received an induction and mandatory training, training logs were kept to ensure clinical and non-clinical staff had the skills needed to carry out their roles.
- The hospital carried out regular physical health checks for each patient, monitoring dietary requirements, weight, blood pressure and medical conditions.
- Detained patients had their rights under the Mental Health Act 1983 explained to them on admission and at regular intervals. Staff kept these records in good order.

However:

Summary of this inspection

- Staff did not always inform all patients' carers of new best interest decisions.

Are services caring?

Good



We rated caring as good because:

- We observed good staff and patient interactions. Staff were respectful towards patients at all times.
- Patients and carers gave positive feedback about the hospital.
- Patient involvement in their care and treatment was evident in the patient records sampled.
- Staff responded compassionately when people needed help and supported them to meet their needs.
- Patients had access to independent advocacy when needed.

Are services responsive?

Good



We rated responsive as good because:

- Patients' physical needs were taken into account when planning and delivering services. Staff supported patients who required help and assistance to engage in the activities.
- Staff and patients had access to a variety of rooms to use for treatment.
- The hospital provided a visitor's room for family use.
- Patients had access to a quiet room. Staff provided a portable phone for patient's private use.
- Patients had the opportunity to personalise their rooms. Patients had designated bedrooms that were available to them on return from leave.
- The hospital had safe and large gardens for patients to use.
- Staff supplied snacks and drinks on request.
- Patients and carers felt they were given an opportunity to raise concerns if they wished. Carers felt the hospital was open and honest when addressing complaints.

However:

- One hoist was shared between two wards, this meant that appropriate equipment may not have been immediately available if needed.

Are services well-led?

Good



We rated well-led as good because:

- Staff knew the senior management. They said there was a good relationship with the management team and that senior staff were approachable.

Summary of this inspection

- The hospital had designated administrative support for each ward.
- The provider undertook regular clinical audits, developed action plans from these audits and managers regularly checked the plans had been completed.
- Staff said they enjoyed their job and there was good moral, staff said they worked well as a team and could ask any colleagues or management for help.
- We saw some examples where managers had investigated past incidents and how they kept patients' informed of outcomes. Senior managers would visit the wards daily and talk to patient's.
- Staff knew about the whistleblowing process and said they were confident they could raise any concerns about the safety of patients without any repercussions.
- The provider ensured staff received regular monthly supervision and an annual appraisal of their performance.

However:

- Some staff did not know the organisation's vision and values.

Detailed findings from this inspection

Mental Health Act responsibilities

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

A Mental Health Act reviewer visited the hospital as part of this inspection. They reviewed 10 detention documents.

Mental Health Act (MHA) training was mandatory for nurses and health care assistants. Ninety two per cent of staff had completed MHA training. The qualified nurses we spoke with understood the guiding principles of the MHA code of practice and worked towards these. The MHA administrator provided support and advice to staff. Processes were in place to ensure staff carried out their MHA responsibilities in line with the code of practice.

Staff gave written and verbal information to patients about their rights to an independent mental health advocate (IMHA), at the time of their detention or on admission.

The service displayed contact details for the independent mental health advocate on the wards. Staff said several patients had used the advocacy service. The administrator arranged for an IMHA to see patients when patients did not understand their rights. Staff supported patients' to take leave as authorised by their responsible clinician. The leave authorisation forms were clear.

There was a programme of regular checks and audits of MHA procedures and processes. The administrator reported to the senior management team every six months. There were no recommendations or actions from the last report.

Mental Capacity Act and Deprivation of Liberty Safeguards

Eighty eight per cent of staff were trained in the Mental Capacity Act and 87% in Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated understanding of the Mental Capacity Act (MCA) and gave examples where they assessed patient's ability to consent to treatment. Staff recorded capacity assessments in patient's notes.

Some records did not demonstrate that patient's carers had been informed of recent best interest decisions.






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Some ward areas had poor line of sight in rooms, corridors. Staff mitigated risk by increasing observation levels where necessary in line with the hospital's policy.
- Staff completed environmental risk assessments, including ligature audits. Ligature audits identify points where patients are able to tie something if they are intent to self-harm. Staff assessed patient's individual risk and identified ways to reduce it and keep patients safe. For example, staff would observe patients more regularly if needed.
- All clinic rooms were tidy and well arranged. Staff locked medication in cupboards so it was secure.
- Resuscitation equipment and ligature cutters (equipment to cut safely through materials used to self-harm) were stored in the nursing stations. Staff knew where to find these in an emergency and regularly checked the resuscitation equipment.
- The hospital had strategies for dealing with patients in distress. For example staff encouraged patients to go to a quiet area if feeling upset. There were no seclusion rooms.
- All wards were visibly clean with good furnishings and well-maintained decoration in communal areas. Cleaning schedules for the wards were up to date and audited. The monthly cleaning schedule included deep cleaning. However, in one small ward kitchen for

patients, some foodstuff was not in a refrigerator and some kitchen cupboards were in need of a clean. This was brought to the attention of senior staff who agreed to address it.

- Staff followed infection control principles. Handwashing facilities were available and clean. Staff carried out monthly infection control audits. The scores were over 95%.
- On Willow ward, we saw clean and dirty laundry being stored in bags in the bathroom, which could lead to cross contamination. We brought this to the senior staff on the ward who amended this.
- The hospital had a well-maintained separate clinic room with equipment the medical staff could use such. For example an examination bed, appropriate weighing scales, a heart and blood pressure monitoring equipment.
- Staff had access to personal alarms and could call for help from other parts of the hospital. Interview rooms had clear observation panels. Nurse call bells were present in all bedrooms.

Safe staffing

- There were 100 members of staff including maintenance, cleaning, administration, chefs, reception, nurses, health care assistants and bank staff.
- The total establishment levels of qualified nurses were 10.5. The establishment levels for nursing assistants were 43.7. There were no vacancies for qualified nurses and one vacancy for a nursing assistant and psychologist. The hospital was actively recruiting for these positions. Across the hospital bank or agency staff filled 325 shifts from October 2015 and December 2015, to cover sickness, absence or vacancies.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The overall sickness rate for the hospital was 4.8% from January 2015 to December 2015. The provider was working hard to address this using HR procedures and engaging with staff.
- Nursing shifts consisted of 12.5 hours with a one hour and forty-five minute break each, during a day shift. A night shift was 12 hours with a 1 hour 45-minute break.
- Managers planned staffing levels daily to ensure the needs of the patients were being met. Managers would increase this as and when patients required more support. Evidence was seen of this in those duty rotas inspected.
- Qualified nurses were present in all ward areas during our inspection visit. Patients told us they felt safe on the wards and staff were always able to help them.
- One patient said they had the opportunity to go out to the shops if they liked with a member of staff. Patients said that activities were not cancelled due to staff shortages, and that staff got involved in activities.
- There was adequate medical staffing cover on site a full time consultant psychiatrist a full time staff grade psychiatrist and a GP who visited weekly. Medical cover arrangements were arranged by the provider.
- Staff completed mandatory training as set out with the provider within 6 months. The average mandatory training rate for staff was 81%. This included PMVA, Deprivation of Liberty Safeguards, crisis management, safeguarding adults and children, moving and handling, infection control, fire safety, confidentiality and data management, safe handling of medicines and breakaway training. All staff had received a comprehensive induction to the hospital.

Assessing and managing risk to patients and staff

- Records showed us that the hospital had systems in place for the effective management of violence and aggression. There were 26 episodes of restraint relating to ten different patients on Maple ward, nine episodes of restraint relating to five patients on Willow ward, between June 2015 and December 2015. None of these incidents were prone (face down) restraints.
- Staff used verbal de-escalation to calm patients. They did this by talking to them and allowing them to find a quiet space if possible. Staff used prevention and management of violence and aggression (PMVA) techniques if de-escalation did not work. Records showed us that correct restraint techniques were used. Staff they said they felt supported in learning to apply

PMVA techniques. They said in house training was taught well and they took examples or scenarios to their training to aid learning. That they learned the skills they need to restrain patients only after de-escalation had failed.

- We examined 16 care records from across the three wards and found risk assessments were in place, these were included in care plans with an objective set as to how staff could help patients to reduce this risk. Some care plans did not always include the severity of the risk identified. This meant that staff were not fully informed about the management of risks presented by some patients.
- Staff completed individual risk assessments daily and discussed issues in daily management meetings, which took into account individual patient need. We saw this recorded in patient files and a handover book.
- Informal patients could request staff to unlock the doors so that they could leave the ward. There were posters on the walls to explain this.
- There were policies and procedures for use of observation. Patients had one to one support, 15-minute checks or 30-minute checks depending on need. Observation records were well completed.
- The hospital followed the National Institute for Health and Care Excellence (NICE) guidance on how to administer rapid tranquilisation. As example of this was seen during the inspection and staff followed the agreed procedures.
- Eighty –five per cent of staff were trained in safeguarding vulnerable adults and had a clear understanding of safeguarding procedures. A flow chart in the ward offices clearly showed how staff could escalate safeguarding issues. Ward managers told us they had good links with the local authority safeguarding team and police. The hospital had a dedicated safeguarding lead.
- Staff said they felt encouraged to learn how to recognise safeguarding issues and confident they could spot signs of abuse, they gave examples such as body mapping a patient on admission and looking for a change in patients' behaviour.
- Sixteen prescription charts across all three wards were checked. Medication was stored securely and clearly arranged. The system for medicines management and

Long stay/rehabilitation mental health wards for working age adults

Good 

dispensing procedures were safe. Medication charts matched patient prescriptions. Medicines prescribed on an 'as required' basis had prescription charts completed appropriately.

- Staff did not always record stock rotation levels of controlled drugs (medication with a street value). However, we brought this to the providers' attention at the time of the inspection. Staff took immediate action to rectify this within 24 hours.
- The pharmacist audited the use of medicines, storage, stock and errors weekly. Staff reported errors immediately, we saw a clear system in place. Staff knew who to ask and where to access the pharmacist number so errors could be corrected straight away, to ensure no delay with patients' receiving medication.
- Some staff did not check if certain medications were able to be administered in a different way to tablet form. For example, if crushing medication in a drink would mean it was still effective. We brought this to the attention of the manager who checked all administration routes. All patients were receiving medication in a way that did not compromise its effectiveness. The manager agreed to review the recording of administration guidelines.
- The hospital provided a dedicated room away from wards that families with children could use for visiting.

Track record on safety

- The hospital reported 32 serious incidents requiring investigation between January 2015 and December 2015. Safeguarding records showed staff offered support to patients following these. Staff reported appropriately to police and local safeguarding teams. The records showed us that each of these incidents were investigated appropriately.
- Records demonstrate the provider has reported serious incidents appropriately to the Care Quality Commission.

Reporting incidents and learning from when things go wrong

- All staff could tell us about the processes to follow for incident reporting. Staff reported incidents using an electronic system. Staff also informed managers of incidents verbally during handovers. Staff discussed incidents at daily morning meetings. All clinical staff attended these meetings. The clinical service manager completed checks on the wards to ensure staff had implemented any improvement actions agreed.

- Staff said they debriefed after an incident, so they could try to learn how to do things better and make changes if needed and patients would be debriefed too.
- Ward managers and hospital managers could give detailed examples of reported incidents and how patients' were kept informed about any investigations and explanations if necessary. The senior management team were directly involved in this process. Those records seen supported this.
- Managers shared learning from incidents in monthly team meetings. This included incidents that happened on other wards.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 16 care records across the three wards. Records contained a timely patient assessment on admission to the hospital.
- Risk assessments were up to date and current and past history used to develop holistic recovery orientated treatment objectives.
- Staff completed physical health examinations on admission and updated them regularly. Staff used Nutritional Screening Tools to measure patients' weight, alongside monitoring blood pressure and GP examinations. The service supported patients to access opticians and dentists.
- Staff supported patients to attend hospital if there were immediate concerns about their physical health. Carers felt staff met their relative's physical health care needs. Staff informed carers if a patient went to hospital or a physical health check was completed.
- All care plans were comprehensive, with clear front sheets signposting to relevant areas of paperwork, this made it easier for staff to check individual details for each patient's. Records contained a timetable of activities, dietary plans which included patients likes

Long stay/rehabilitation mental health wards for working age adults

Good 

and dislikes and copies of 'my ward rounds', where patients had raised any concerns or complaints. Emergency evacuation plans, relevant legal paperwork and patients interests and ideas were included.

- All information was stored securely on electronic systems or locked away. Care plans were both electronic and paper based, making patient files easily accessible.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines. Folders in ward offices had a copy of all relevant NICE guidelines. Managers shared updates to guidance across the team in meetings and via email.
- Staff supported patients to access psychological support if required. There was no psychologist in post at the time of our visit. Evidence was seen that the provider was recruiting for this position.
- A local general practitioner held a weekly physical health check clinic. Patients had access to the local out of hours service, local community services such as a falls clinic, pain clinic and a diabetes team. The hospital dietician worked with patients and the onsite chef to meet patient's nutritional needs. We saw evidence of this in those records looked at. The provider confirmed they would offer patients smoking cessation support should they request it.
- Staff monitored the progress of patients' dietary needs daily; we saw a staffing rota with mealtimes planned for assisting patients. The nutritionist had monthly meetings with the chef to plan food to patient's requirements.
- The service completed clinical audits including; restrictive practice, Mental Health Act, restraints, safeguarding, infection control, Mental Capacity Act, risk assessment, care plans, preventing suicide, clinical supervision, ligature audits and environmental checks. Clinical members of staff monitored and carried out these audits against NICE guidelines and national standards.

Skilled staff to deliver care

- All new members of permanent staff received an induction, which included training on the Mental Health Act, food safety, safeguarding adults and the observation policy.

- The hospital provided opportunity for staff to participate in additional training. For example, communication training and leadership courses.

Multi-disciplinary and inter-agency team work

- Teams consisted of a range of mental health disciplines including occupational therapists, mental health act administrators, health care assistances, doctors and senior nurses.
- There were weekly multidisciplinary team meetings for each patient. Patients were encouraged to attend these meetings and staff or an advocate supported them as appropriate.
- Handover meetings occurred daily for all staff on duty, either in the morning or at the start of night shift. We saw a staffing rota which helped staff organise the day.
- The provider met regularly with the local authority safeguarding leads and other health care professionals, to develop effective partnerships and share expertise.
- The records seen showed us that the hospital had effective working relationships with, Cambridge neurologists, Neuro-rehab consultants, and the Huntington's disease association. This meant that patients had access to a broad range of services and expertise.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- We reviewed 10 sets of the Mental Health Act records. These records were for patients detained under section three of the Mental Health Act (MHA) 1983.
- All staff had MHA face to face training delivered by the MHA senior administrator. Ninety two per cent of staff had up to date training in the MHA. Two qualified staff said the training was good and enabled them to meet their responsibilities under the MHA. There was a current MHA code of practice and an easy read version on each ward including a booklet summarising the changes.
- Staff assessed capacity and consent to treatment on detention or admission if the patient had transferred in to the hospital on a section. Staff reviewed this every six months and during care programme approach reviews and renewal of the section.
- All patients had T3 treatment certificates, listing all of the medicines certified by the second opinion

Long stay/rehabilitation mental health wards for working age adults

Good 

appointed doctor. Staff kept all T3 certificates with the patient prescription charts. All of the medication on the prescription charts for the 10 patients we checked. There were no discrepancies.

- Staff read patients' rights to them at the start of detention or for those patients transferred in on admission. Then re-presented to them (in written and in discussion points) monthly or more often if needed. Staff assessed patients understanding of the information. The forms for recording the discussion had lots of detail and demonstrated staff provided patients with the information recommended in the Code of Practice.
- The hospital's Mental Health Act administrator received and scrutinised section papers to ensure they were correct.
- The senior MHA administrator kept original section papers in their office but had scanned them onto the electronic records system and paper copies were on the wards. The section paperwork on the wards were organised and complete.
- Easy read information was on display on the wards about the MHA and patients' rights.
- The MHA administrator referred patients to the independent mental health advocate if they were unable to understand their rights. We saw Information and contact details displayed for advocacy.
- There were clear section 17 leave forms for recording the authorisation by the registered clinician. The hospital had clear escort arrangements for any patients that wished to have leave and staff reviewed these monthly.
- We saw detailed risk assessments and management plans relating to section 17 leave with contingency arrangements. Information on the clinical notes about the outcome of patients' leave was variable. Some notes indicated leave had been taken and some did not. Patient's views about their leave had not been recorded. Detailed descriptions would help to evaluate the outcome of the leave and contribute toward a holistic care plan for the patient.

Good practice in applying the MCA

- Eighty eight per cent of staff had completed training in the Mental Capacity Act and 87% in Deprivation of Liberty Safeguards (DoLS).

- Eight DoLS applications were made in the last six months, three of those patients had been discharged and four were waiting for authorisation. The provider had contact with the local authority for an update.
- Staff considered patient's capacity in the care plans. This helped ensure they recorded all possible details relating to capacity for each patient.
- Staff supported patients to make decisions where appropriate, we saw an effective communication process for patients who needed assistance. Decision specific capacity assessments and best interest decisions were made and, we saw evidence of patients' wishes when they were well enough to make own decisions and identifying when they needed support for decisions about specific issues. However, carers were not always involved in the patients' best interest decisions.
- The hospital had a central Mental Health Act office that provided guidance and advice regarding mental capacity, consent and Deprivation of Liberty Safeguards (DoLS).

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

Good 

Kindness, dignity, respect and support

- We observed staff being respectful, responsive and supportive when interacting with patients, offering appropriate and practical support. Staff talked kindly about their patients when handing over information or informing ward managers of any changes. Staff introduced us to all of the patients on each ward and ensured patients understood why we were there. Staff understood the individual needs of patients and how they behaved as well as their likes and dislikes.
- Patients told us staff were kind, lovely and caring. Patients' commented that staff were helpful when they were upset and that they felt well looked after. Staff knocked on bedroom doors before entering and treated patients' with respect.
- Carers described staff as genuinely caring. One carer told us staff at the Priory had helped them through a

Long stay/rehabilitation mental health wards for working age adults

Good 

time of bereavement and were always there to talk with. Carers said they always felt welcomed at the hospital, informed of what was going on and included in the care of their relative.

- Carers were extremely positive about the hospital and felt they had seen some progress in their loved one, by developing skills such as talking and being calm, and patients could do activities they enjoyed. Three carers said their loved one felt the hospital is now their home and seemed happy.

The involvement of people in the care they receive

- Managers and staff supported patients to raise concerns in the multi-disciplinary meetings. Staff supported patients to set their own care plan goals. One example included a patient being supported to learn cooking skills. Patients told us they were able to decide what was on their care plan.
- The service displayed posters on how to access advocacy on all wards. Staff referred patients to advocacy when needed.
- Each ward held their own community meetings, had regular patient forums and the hospital clinical governance representative held a 'Your Say' forum for patient involvement.
- Carers and relatives attended reviews. If they could not attend, staff gave them a copy of the minutes and an opportunity to ask questions. One carer said they were given regular updates and staff took time to explain what treatment options were available.
- The hospital involved patient's families as much as possible. However, the majority of patients did not come from the local area, which was challenging when involving families in some aspects of the patient's care.
- The hospital had developed a carers group, for those people who could not attend the provider was looking at strategies to reengage with them.
- Staff used a document called 'my ward round' to assist patients to think of issues they wished to raise during the monthly multi-disciplinary team meetings.

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

Good 

Access and discharge

- The hospital supported patients from all parts of the country. Staff planned admissions in advance and secured the placement prior to admission. The hospital had no waiting list for admission. The average bed occupancy for the period June 2015 to November 2015 for each ward was Cherry ward, 99.5%, Willow ward, 88.5% and Maple ward, 93.6%.
- Patients were able to return to their own bedrooms following a period of planned leave.
- The hospital has carried out transition for patients into the community or supported accommodation, where appropriate. Staff began discharge planning on admission and liaised with the patients' local area to design a pathway suitable for the patients' needs. Staff developed and recorded plans for patients discharge. All patients were subject to the care programme approach (CPA). The hospital would hold a CPA review more frequently in preparation for discharge.
- There were no delayed discharges in the last 12 months, the hospital director told us plans were flexible as patients could stay in the hospital for as clinically needed. Most patients had been in the hospital for over two years.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms on the wards to support treatment and care, each ward had an activity room where arts and crafts would take place, a dining area and space to watch TV. Staff provided activities on the wards and in the garden on Willow and Cherry wards.
- Two wards shared a patient hoist, which staff moved using the lift. Staff said it was difficult to share the hoist because certain patients needed it more than once per day. This was brought to the attention of senior managers who agreed to review the situation.
- The hospital had a senior occupational therapist who worked three days a week. They had drawn up a therapeutic timetable for each patient. For example, these included walks, bingo, arts and crafts. This helped to increase engagement and independence and made

Long stay/rehabilitation mental health wards for working age adults

Good 

the patient's day more meaningful. Nursing and support staff also provided activities. A physiotherapist, a speech and language therapist and a chiropodist visited to provide care and support for individual patients.

- Patients had access to the kitchen based on risk assessments and supported by staff.
- There was a sensory room on the Willow ward, which the occupational therapist used to provide patients with additional therapy.
- The hospital had visiting rooms and carers said they had felt welcome on the ward or in the garden if they wanted. For family visits with children, staff would show them to a family room for privacy. The hospital provided a family visiting room on the top floor, this room was child friendly and had the appropriate amenities. This was bright and well kept. There was a variety of toys for children and facilities to make a hot drink.
- There was a pay phone in the lounge for patients to use. Patients could request to use a portable phone to make private calls. Patients were allowed to have their own mobile phone.
- Willow and Cherry ward had separate enclosed gardens, which included a smoking shelter and seating. Staff escorted those patients who wished to smoke from Maple ward, as this was upstairs.
- The hospital encouraged healthy eating by ensuring no unhealthy snacks were left out. Drinks and snacks were available on request.
- The chef of the hospital prepared freshly cooked food that was of good quality and nutritionally balanced. Healthy options were also available. For example, one patient was offered a low calorie version of the same meal. This meant the hospital was responsive to patient requirements.
- Patients were able to personalise their bedrooms. For example, patients had their artwork displayed, posters on their walls and photographs in their rooms. All bedrooms were ensuite.
- Patients had access to their rooms 24 hours a day. The hospital provided a secure cupboard on each ward where patients could store valuables.
- The provider organised activities outside of the hospital for patients. These included shopping, going for a walk and group outings. The patients said they had not had an activity cancelled because of a lack of staff. Two patients said they liked to go for more walks. This was brought to the attention of staff.

Meeting the needs of all people who use the service

- The main entrance was wheelchair accessible and had wide doorways. A lift was available to help patients access other floors and the garden.
- Staff used a variety of communication methods to engage with patients, such as pictures, gestures and interpretations. Staff recorded the most effective communication methods in individual care plans so other staff knew what worked.
- Staff supported patients to meet their spiritual and religious needs. There was a visiting chaplaincy service. Whilst there was no specified multi-faith room, patients could meet the Chaplain in a quiet area.

Listening to and learning from concerns and complaints

- During a 12 month period the hospital received four complaints. Two from Maple ward and two from the Willow ward. Two complaints were partially upheld. None of the complaints were referred to the independent sector complaints adjudication service or parliamentary health service ombudsman.
- Managers kept accurate records of complaints that showed the complaint was kept updated. Responses were timely and appropriate.
- Information on how to make a complaint was available on each ward. This meant patient's knew how to complain and felt able to do so. Complaints records showed that senior managers had overview of all complaints. Staff had discussed complaints with patients and their families.
- Carers and family members told us they would feel happy to complain should they need to. They felt that staff were approachable.

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

Good 

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good 

- The providers vision and values were on display within the hospital. When asked, a couple of staff knew the hospitals values and could explain these in their own words. However, some staff were not able to explain these values.
- The senior management team maintained a visible presence by completing regular quality walk arounds. This allowed the senior management team to meet with patients and staff informally to build better working relationships. Staff spoke in high regard of the senior management team and described them as caring and supportive with good leadership skills. Staff could name the senior management team and their colleagues on the other wards.

Good governance

- Ward systems were effective in ensuring that staff received mandatory training as there was an electronic system in place to calculate and record training required and completed. Eighty-one per cent of staff had completed mandatory training. Ward managers monitored this information.
- 95.2% of staff had received an appraisal and staff had monthly supervision by their line manager. Ward managers felt they had enough autonomy and authority to complete their work effectively. Staff said they felt well supervised.
- Staff were supported to maximise their shift time with patients and carry out direct care activities. Break times were planned alongside patient escorts to allow for the appropriate level of staffing on the wards. If staffing levels were low at the weekends the hospital said they would provide overtime to qualified healthcare assistance that were familiar with the ward. The duty rota seen supported this.
- Staff regularly participated in clinical audits such as medicines and ligature audits. Action plans arising from these audits were seen and confirmed that steps were taken to address any concerns.
- Staff told us they had a good understanding of the hospitals whistleblowing policy. Which meant employees could report any suspected misconduct, illegal acts or concerns.

Leadership, morale and staff engagement

- The hospital carried out a staff survey in 2015. Seventy-three per cent of staff who responded to the

survey would recommend the Priory as a good place to work to a friend or relative. Sixty-four per cent would recommend the service they work for if a friend or relative needed similar care or treatment.

- The hospital completed an employee engagement action plan from the findings of the survey. Managers made the following recommendations and improvements in relation to improving communication and presenting ideas. For example, to plan and communicate a monthly staff meeting schedule, display posters and write to staff inviting them to be representatives and delegate responsible individuals to take forward and report activity and outcomes.
- Staff sickness was at 4.8%, and staff turnover and vacancy levels between January 2015 and December 2015 were at 7% across the hospital.
- Staff described good morale, job satisfaction and enjoyment in their roles. They said they liked working there and as it had a nice, friendly atmosphere. There was effective team working and staff described having good peer support. There were a range of staff available from different disciplines and they said they would always ask for advice and help each other out if needed.
- Ward managers and nursing staff were able to give us some detailed examples of past incidents and how staff had kept patients informed. Senior management would visit the ward daily and would encourage patients' to give them feedback or raise any issues.
- Staff felt they could give feedback into service development.
- Managers supervise staff in line with the hospitals supervision policy. The policy required monthly supervision. Records showed staff did receive this.
- Ninety five per cent of staff had a yearly appraisal completed to date. Managers assessed staff performance in terms of supervision and competency to help ensure people are carrying out their roles effectively. Some staff did not know about the opportunities available to them to develop. The provider was aware of this.

Commitment to quality improvement and innovation

- Senior managers confirmed that they used a variety of methods to improve the service provided to patients. For example, using patient and carer feedback, regular audits and support from the Priory central quality team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure there is enough appropriate equipment for patient care.
- The provider should ensure that records are kept of all outcomes of patient's escorted leave.
- The provider should ensure that each care plan relating to medicine administration provided sufficient information for staff.
- The provider should ensure that all patients' best interest decisions are communicated effectively to all concerned.