

The Priory Hospital Hemel Hempstead







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.

Summary of findings

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.

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 Hemel Hempstead as good because:

- The wards were clean, presentable and very well maintained.
- Rotas examined showed that the actual nurse numbers matched the estimated number on most shifts.
- Staff undertook a risk assessment of every patient on admission and updated this every six months and after every incident.
- Staff could explain what a safeguarding incident was and how to raise an alert.
- We found that staff received feedback from investigation of incidents and that staff were aware of lessons learnt.
- Staff completed comprehensive and timely assessments and physical examinations for all patients on admission.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- We saw positive caring interactions between the staff and patients in the service.
- Patients were involved in their care planning. All patients were given copies of their care plans unless they said that they did not want a copy.
- Patients had open access to outside space during the day, in line with the Mental Health Act Code of Practice guidance.


- The provider had set visions and values. We saw that the vision and values were displayed across the service and embedded into staff day to day practice.
- Staff knew the senior managers in the organisation and confirmed that they were often visible on the wards were accessible, and listened to staff when needed.
- Managers had a strong influence and good oversight of the wards.
- The provider submitted training data prior to inspection of mandatory training, which showed compliance of 82%. Overall training figures on the day of inspection for mandatory training, was 96% for permanent staff and 88% for bank staff.

However:

- There was not always a sufficient number of staff on Wren ward. We found that the number of staff did not reflect care needs.
- Of the 30 medication charts reviewed two (eight percent), did not have an up to date treatment form attached.
- The quality of some of the Mental Capacity Act assessments were not comprehensive.
- We found that not all staff were in receipt of regular supervision. The data given by the provider showed that 81% of staff were in receipt of supervision, against a provider target of 93%.
- There was no disabled access to Dovecote.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good	

Summary of findings

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Good 

The Priory Hospital

Services we looked at

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

Summary of this inspection

Background to The Priory Hospital Hemel Hempstead

The Priory Hospital Hemel Hempstead is part of the Priory Healthcare Limited group of hospitals. Priory Hospital Hemel Hempstead provides long stay rehabilitation care and treatment for male and female patients with enduring mental health problems, and who may be detained under the Mental Health Act 1983, in a locked environment.

The hospital has 38 inpatient beds, across three wards and offers psychiatry, psychology, rehabilitation, and wellbeing therapies. At the time of this inspection, there were 30 patients and 24 of these were detained under the Mental Health Act 1983.

Priory Hospital Hemel Hempstead is registered by the Care Quality Commission (CQC) for:

- Assessment and medical treatment for persons detained under the Mental Health Act 1983.
- Treatment for Disease, Disorder, and Injury.
- Accommodation for persons who require treatment for substance misuse.

The provider had a registered manager and controlled drugs accountable officer.

The CQC has inspected the provider on four occasions. The last inspection was on 06 May 2016 and the Hospital were given an overall rating of good. Following this inspection, the provider was told to take the following actions to improve:

- The provider should implement governance procedures to show how and when they review the need for the ongoing restrictive practices, regarding patient access to the kitchen on Dove ward.
- The provider should consider exploring the use of recognised recovery focussed care planning, along with positive risk-taking assessment tools. This would then clearly show how patients had been involved in their care planning, reflecting their strengths, and support the hospitals vision of being a recovery focussed service.
- The provider should ensure that all staff are trained in Mental Health Act and Mental Capacity Act.

The provider had taken appropriate actions in relation to these breaches of regulations.

Our inspection team

The team that inspected the Priory Hospital Hemel Hempstead consisted of CQC inspector Susan Haynes (inspection lead), one inspection manager and two other CQC inspectors.

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?

Summary of this inspection

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

Prior to this inspection, 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 all three wards at the hospital, looked at the quality of the ward environment and saw how staff were caring for patients
- spoke with six patients who were using the service
- spoke with six carers
- spoke with the hospital director who was the registered manager, the director of clinical services and managers or acting manager for each of the three wards
- spoke with 17 other staff members; including doctors, nurses, dietician, psychologist, mental health act administrator and housekeeper
- spoke with an independent advocate
- observed patients at drinks time
- collected feedback from two patients using comment cards
- looked at 17 care and treatment records of patients
- carried out a specific check of the medication management on all three wards, and
- looked at a range of data and documents relating to the running of the service.

Information about The Priory Hospital Hemel Hempstead

The Priory Hospital Hemel Hempstead is part of the Priory Healthcare Limited group of hospitals. Priory Hospital Hemel Hempstead provides long stay rehabilitation care and treatment for people who are experiencing complex mental health problems, and who may be detained under the Mental Health Act 1983 in a locked environment.

The hospital has 38 inpatient beds, across three wards. Dove Ward is a 15-bedded male only unit split into an 11-bedded main ward and a four-bedded standalone unit called 'Dovecote'. Robin ward is a 12-bedded female ward, and Wren Ward is an 11-bedded ward for older male adults in need of dementia and neuropsychiatric care. At the time of this inspection, there were 30 patients and 24 of these were detained under the Mental Health Act 1983. The remaining six patients were subject to Deprivation of Liberty Safeguards.

Priory Hospital Hemel Hempstead is registered by the Care Quality Commission (CQC) for:

- Assessment and medical treatment for persons detained under the Mental Health Act 1983.
- Treatment for Disease, Disorder, and Injury.
- Accommodation for persons who require treatment for substance misuse.

The provider had a registered manager and controlled drugs accountable officer.

The CQC first registered Priory Hospital Hemel Hempstead in February 2011. The CQC has inspected the provider on four occasions. The last inspection was on 03 May 2016, which showed that the hospital was compliant with all the regulations inspected at the time.

What people who use the service say

We spoke with six patients at the service. Overall patients found staff helpful, polite and respectful.

Two patients indicated that they did not feel safe on the ward and that they found it difficult to understand some of the staff.

We found that patients were involved in their care unless they had indicated that they did not wish to do so. We also found that the patients family and carers were involved in their care

Summary of this inspection

We spoke to six carers, the majority of whom, were mainly positive about caring and dedication of staff and the quality of care delivered.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The layout of the wards allowed staff to see most of areas within the service.
- Ligature risk assessments were up to date for ward areas.
- The wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs that were checked weekly by pharmacy.
- The wards were clean, presentable and very well maintained.
- Managers conducted environmental risk assessments regularly, and any issues were dealt with promptly.
- Staff had access to personal alarms and nurse call systems were available.
- Rotas examined showed that the actual nurse numbers matched the estimated number on most shifts.
- Bank and agency staff were used to cover gaps in rotas. This usually involved regular bank staff, who were familiar with the service.
- Staff told us that they could adjust staffing levels daily to take account of case mix and additional observations.
- There was medical cover across the day and an on-call system at night.
- Staff undertook a risk assessment of every patient on admission and updated this every six months and after every incident.
- Staff could explain what a safeguarding incident was and how to raise an alert.
- There was evidence of good medicines management practice.
- Staff were aware of what incidents to report and the process for incident reporting.
- Staff were open and transparent with patients about their care and treatment, including when things went wrong.
- The provider submitted training data prior to inspection of mandatory training, which showed compliance of 82%. Overall training figures on the day of inspection for mandatory training, was 96% for permanent staff and 88% for bank staff.
- We found that staff received feedback from investigation of incidents and that staff were aware of lessons learnt. We saw evidence of change having been made because of feedback.

However:

Good



Summary of this inspection

- Ligature risk assessments had not been completed for the garden, dining room and corridor on Dove ward, although managers took immediate action.
- Not all equipment had been well maintained and checked weekly. We found one out of two machines on Robin ward which were used to measure a patient's blood oxygen levels was not working.
- We found one patient who was unable to reach the call alarm.
- There was not always a sufficient number of staff on Wren ward. We found that the number of staff did not reflect the care needs of the patients.
- The provider submitted training data prior to inspection of mandatory training, which showed compliance of 96% for permanent staff and 88% for bank staff.
- Of the 30 medication charts reviewed two (eight percent), did not have an up to date treatment form attached.

Are services effective?

We rated effective as good because:

- Staff completed comprehensive and timely assessments for all patients on admission.
- Care records showed that staff completed physical examinations on all patients.
- Care records had up to date, personalised, holistic, recovery-oriented care plans.
- The provider could offer psychological therapies recommended by the National Institute for Health and Care Excellence.
- There was good access to physical healthcare, including access to a general practitioner and specialists when needed.
- Staff use a range of recognised rating scales to assess and record severity and outcomes.
- Staff took part in 12 divisional audits.
- The full range of mental health disciplines and workers provided input to the wards.
- The service had many new staff within the services including registered nurses, healthcare support workers, and psychology assistant.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- Poor staff performance was addressed promptly and effectively.
- There were regular and effective multi-disciplinary meetings, which took place weekly.
- There were effective working relationships including good handovers within the wards and with other teams in the organisation.

Good



Summary of this inspection

- Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements were adhered to.
- The service carried out regular audits to ensure that the Mental Health Act was correctly applied.
- There were arrangements to monitor adherence to the Mental Capacity Act within the hospital.

However:

- Not all care plans were specific and measurable.
- We found that not all staff were in receipt of regular supervision. The data given by the provider showed that 81% of staff were in receipt of supervision, against a provider target of 93%.
- Staff had not attached copies of consent to all treatment forms where required.

Are services caring?

We rated caring as good because:

- We saw positive caring interactions between the staff and patients on the wards.
- Staff showed a genuine caring and passionate approach and were committed to patient needs.
- Care plans were personalised and patient centred, although were not always written from the patient perspective.
- Patients were involved in their care planning. All patients were given copies of their care plans unless they said that they did not want a copy.
- Patients on the ward had access to independent mental health advocacy.
- Family and carers were actively involved in the patient's care and treatment. Family and carers had also been involved in the production of the service user handbook.

However:

- We saw staff moving a patient on one occasion, without telling the patient what they were about to do.
- We observed that a drink for one patient, was out of their reach.

Good



Are services responsive?

We rated responsive as good because:

- The average bed occupancy over the last six months was 75%.
- Staff planned patient transfers and discharges during normal working hours.

Good



Summary of this inspection

- Staff actively engaged with external agencies in the planning of patient transfers and leave from the ward.
- The wards had a range of equipment to support treatment and care.
- There was an appropriate room for visitors.
- Patients had open access to outside space during the day, in line with the Mental Health Act Code of Practice guidance.
- Patients had access to cold and hot drinks and snacks at all times.
- There was access to activities across the week.
- Information leaflets were available for patients on services, patients' rights, how to complain and advocacy.
- Staff had access to interpreters and translation services when needed. Staff could request information in different languages when needed.
- Patients knew how to complain and received feedback.

However:

- There were limited rooms available for patient interviews, groups and one to one sessions.
- The patient phone on Dove ward was not in a private area, and there was no seat available for patients to use.
- There was no disabled access to Dovecote.

Are services well-led?

We rated well-led as good because:

- The provider had set visions and values.
- Overall training figures on the day of inspection for mandatory training, was 96% for permanent staff and 88% for bank staff.
- Staff knew the senior managers in the organisation and confirmed that they were often visible on the wards were accessible, and listened to staff when needed.
- Managers had a strong influence and good oversight of the wards.
- One hundred percent of staff had received an annual appraisal within the last twelve months.
- The process for staff to learn from incidents, complaints and service user feedback was robust.
- Senior managers conducted a quality walk about and out of hours visits to the wards.
- There were no blanket restrictions on the wards.
- Staff had the ability to submit items to the risk register.
- Staff were offered the opportunity to give feedback on services and input into service development.
- There had been no reports of bullying and harassment recorded at the time of our visit.

Good



Summary of this inspection

- Staff knew how to use the whistle blowing process and how to raise concerns.
- Staff said that they felt able to raise concerns without fear of victimisation.
- We found that staff morale, job satisfaction and sense of empowerment was high.
- Staff described a strong sense of team working in the hospital.

However:

- We found that not all staff were in receipt of regular supervision. Overall 81% of staff had received supervision against a provider target of 93%.
- Managers told us that opportunities for career development had been shown as an area for improvement following the employee engagement survey.

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.

At the time of inspection there were 24 patients detained under the Mental Health Act. Overall, 94% of staff had received Mental Health Act training. Qualified staff scrutinised Mental Health Act paperwork when patients were admitted to the service. Staff carried out regular audits to ensure that the Mental Health Act was correctly applied.

Patients had access to independent mental health advocacy, who visited the wards weekly. Contact details were clearly displayed in ward areas.

We found copies of consent to treatment forms attached to most of the medication charts. We saw two medication charts which did not have treatment forms attached. All treatment forms were in date and covered the medication being administered.

Staff kept clear records of all section 17 leave granted and there was evidence of risk assessments being undertaken prior to, and following patients leave. These assessments were documented in the patients care records.

All staff knew the Mental Health Act administrator, and how to make contact for advice and support. The provider had a Mental Health Act policy which staff could refer to if needed.

The Mental Health Act administrator had oversight of all detentions within the hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had arrangements to monitor adherence to the Mental Capacity Act within the hospital.

We found that Deprivation of Liberty Safeguards applications had been made when required. At the time of our visit six patients were subject to Deprivation of Liberty Safeguards. Overall 94% of staff have had training in the Mental Capacity Act.

There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could access. Staff assessed and recorded appropriately capacity for people who might have impaired capacity.

Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests. Staff recognised the importance of the person's wishes, feelings, culture and history.

A number of Mental Capacity Act forms lacked detail and there was limited evidence of statutory consultation with others including family, carers and independent mental health advocate. We found evidence of patients who had been assessed as lacking capacity, having signed hospital rules consent forms.

Staff knew where to get advice about Mental Capacity Act, including Deprivation of Liberty Safeguards, within the hospital.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

	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

- The layout of the wards allowed staff to see most of areas within the service. Staff mitigated the areas that could not be observed, with nursing observations. There were mirrors and closed-circuit television in communal areas to aid with observation.
- We saw many ligature points across the service including in bedrooms and bathrooms. A ligature is a place to which patient's intent on self-harm could tie something to harm themselves. Managers had identified these within the ligature risk assessment. Ligature risk assessments were up to date for ward areas, but had not been completed for the garden, dining room and corridor on Dove ward. This was reported to managers who took immediate steps to complete the ligature risk assessments the following day. Staff managed identified ligatures through ongoing clinical risk management and observations.
- The service followed Department of Health guidance on eliminating mixed sex accommodation as all three wards were single sex.
- The wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs that were checked weekly by pharmacy. All three

clinic rooms were small and well laid out, although there was no room for an examination couch. Staff carried out physical examinations in the patient's bedroom.

- The service had no seclusion facility.
- The wards were clean, presentable and very well maintained. Staff adhered to infection control requirements across the service including hand washing. Not all equipment had been well maintained and checked weekly. We found that the batteries in one of two machines for testing patient's blood oxygen levels on Robin ward was not working. Staff replaced these immediately. In addition, we found that one out of two suction machines on Wren ward was not working.
- All ward areas were clean, had good furnishings and were well-maintained. Staff regularly cleaned the environment and maintained cleaning records. Managers conducted environmental risk assessments regularly, and any issues were dealt with promptly. Each ward had a dedicated cleaner who knew the ward well.
- Staff had access to personal alarms. Nurse call systems were available. However, we saw one patient who was unable to reach the alarm. This was reported to managers who at once addressed the concerns raised, by locating an extension to the call bell.

Safe staffing

- A manager and deputy ward manager was in post on each ward. The establishment for qualified nurses was 21 whole time equivalents and the vacancy rate was 53%. The establishment for healthcare assistants was 46 whole time equivalents and the vacancy rate was 35%. The sickness rate was three percent and the turnover rate was 32% in a 12-month period.
- The provider had estimated the number and grades of nurses needed for each shift.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Each ward worked to an agreed staffing establishment which was based on staff to patient ratios. Managers agreed this as part of the annual budget review. Managers employed additional staff to cover additional requirements, such as patients who needed one to one observations.
- Rotas examined showed that the actual nurse numbers matched the estimated number on most shifts.
- Bank and agency staff were used to cover gaps in rotas. This usually involved regular bank staff, who were familiar with the service. The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in the previous three-month period was 882. The number of shifts that had not been filled by bank or agency staff where there was sickness, absence or vacancies in the previous three-month period was 30.
- Staff told us that they could adjust staffing levels daily to take account of case mix and additional observations.
- Qualified nurses were visible across the service and able to spend time with patients. At the time of inspection there were appropriate numbers of staff on duty on Robin and Dove ward and staff were engaged with patients.
- We found that escorted leave or ward activities were rarely cancelled because there were too few staff. The wards had access to occupational therapy and an occupational therapy assistant.
- There was not always a sufficient number of staff on Wren ward. We found that the high level of patient need around personal care, feeding and observations exceeded the number of staff available to deliver those interventions. Staff therefore used zonal observations in order to see all patients on the ward.
- There was medical cover across the day and an on-call system at night. A general practitioner could attend the service quickly in an emergency or for an admission. We saw evidence in care records of doctors reviewing patients' physical health. These checks were conducted by a general practitioner, who held weekly clinics on the wards. Patients physical health needs were being met and specific illnesses such as diabetes were managed appropriately.
- The provider submitted training data prior to inspection of mandatory training, which showed compliance of 82%. Overall training figures on the day of inspection for mandatory training, was 96% for permanent staff and 88% for bank staff.

- The induction programme was delivered to both permanent, bank and agency staff and consisted of both face to face and e-learning modules.

Assessing and managing risk to patients and staff

- There had been no episodes of seclusion or long-term segregation in the previous 12 months. There had been four episodes of restraint during the last six months, which related to three patients. There were no episodes of prone restraint.
- Staff confirmed that restraint would only ever used after de-escalation had failed.
- Staff undertook a risk assessment of every patient on admission and updated this every six months and after every incident. We reviewed 17 care and treatment records. All patients had risk assessments. Staff used the providers' risk assessment tool which was part of the electronic health record.
- Blanket restrictions were used only when justified. Patients could freely access the garden and bedrooms.
- At the time of our visit, 21 patients were detained under the Mental Health Act, and nine patients were subject to Deprivation of Liberty (DoLS). There were no informal patients at the time of our visit.
- The provider had policies and procedures for the use of nursing observations. Patients were nursed on increased levels of observations where there was identified risks.
- There had been no use of rapid tranquilisation in the six months preceding our inspection.
- Staff were trained in safeguarding and knew how to make a safeguarding alert and did this when appropriate. We found robust safeguarding systems and processes. Managers had implemented a revised safeguarding protocol in July 2018, together with an aide memoire for safeguarding. Staff could explain what a safeguarding incident was and how to raise an alert. Between the end of June 2017, the end of June 2018, the provider raised nine safeguarding concerns with the commission. Managers discussed all safeguarding referrals at the monthly clinical governance meeting.
- There was evidence of good medicines management practice (transport, storage, dispensing, and medicines reconciliation). We reviewed all patient charts and saw that medications were stored correctly, labelled correctly and were in date. Pharmacists visited the wards weekly.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff were aware of and were addressing issues such as pressure ulcers. Staff conducted a waterlow pressure area assessment on all patients.
- There were procedures for children to visit the service. There was no dedicated child visiting room however there was a visitor's lounge next to the reception area, which was used for child visits.

Track record on safety

- Managers submitted data which showed that there had been 12 serious incidents reported in the last twelve months. The highest number of these incidents were due to patients absconding. Managers also reported that one incident related to a restricted patient who absconded at night. Managers reviewed serious incidents using the hospital's incident review process. This involved an analysis of the incident, which was undertaken by the relevant team and lessons learnt identified and generated and usually an action plan resulted from this process.

Reporting incidents and learning from when things go wrong

- Staff were aware of what incidents to report and the process for incident reporting. Managers had developed guidance for staff to use. Staff told us that they reported all incidents and near misses via the electronic reporting system.
- Staff were open and transparent with patients about their care and treatment, including when things went wrong. The provider told us that adherence to the duty of candour was monitored by the senior management team via the electronic reporting system.
- Staff received feedback from investigation of incidents and that staff were aware of lessons learnt. Managers discussed and analysed all incidents for trends and patterns, within the hospital senior management and governance team meetings. We saw posters displayed which detailed lessons learnt from incidents. In addition, a monthly newsletter was published and recently lessons learnt had been added to the content.
- Staff met to discuss this feedback in team, senior management and clinical governance meetings.
- We saw evidence of change having been made because of feedback. One example of this, was that staff completed a body map after any patient assault or injury.

- Staff debriefing and support were offered after serious incidents.

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 17 care records. Staff completed comprehensive and timely assessments for all patients on admission.
- Care records showed that staff completed physical examinations on all patients. We found that all patients had a nutritional risk assessment and additional assessments as needed. Staff completed physical health care plans for specific health needs. However, we found three instances where fluid balance charts had not been completed in line with the patient's care plan or for the full 24 hours. Staff had stopped documentation after five o'clock and the amount of fluids a patient had consumed, had not been added up correctly.
- Care records had up to date, personalised, holistic, recovery-oriented care plans. However not all care plans were specific and measurable. We found one care plan where the required frequency of blood glucose testing for a diabetic patient, had not been documented. We also found a number of incidences where the frequency of recording patient's blood pressure, pulse, temperature and respirations had not been recorded in line with the patients care plan. Managers had not ensured that there was clarity around the use of covert medication. We found two examples where medication given covertly did not match details in the patient's medication chart.
- All information needed to deliver care was accessed via the secured electronic health record or stored securely in the service office and available to staff when needed.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication. Antipsychotic medication was prescribed within the British National Formulary limits.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The provider offered several psychological therapies recommended by the National Institute for Health and Care Excellence. The hospital had a part time psychologist in post together with a psychology assistant who delivered a range of psychological interventions including cognitive behavioural therapy, dialectic behaviour therapy, mindfulness and coping skills.
- There was good access to physical healthcare, including access to a general practitioner, physical health nurse, dietician, speech and language therapist and other specialists when needed. All new patients were assessed on admission to the ward and registered with the General Practitioner.
- We reviewed 17 care records and saw that patient's nutrition and hydration needs were assessed and met. Staff conducted ongoing physical health assessments including nutrition and the risk of pressure sores.
- Staff used a range of recognised rating scales to assess and record severity and outcomes. Staff used the health of the nation outcome scale for all patients. Staff took part in a variety of audits. The provider undertook twelve divisional audits, which included medication, fridge cleanliness, and Mental Health Act. Managers also conducted additional audits of beds and mattresses.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- Staff received the necessary specialist training for their role. There was evidence of ongoing training which was role specific, including leadership training for ward managers. Managers had arranged for 14 healthcare assistants to complete the care certificate and another six were undertaking the training at the time of our visit.
- Some staff had strong links to external and national groups and brought back their knowledge and learning to help develop the service.
- Poor staff performance was addressed promptly and effectively. We found evidence that active steps had been taken by the manager in response to staff performance concerning a serious incident, where a restricted patient had absconded from the ward.

Skilled staff to deliver care

- The full range of mental health disciplines and workers provided input to the wards. Patients received care and treatment from a range of professionals including a consultant psychiatrist, associate specialist, general practitioner, managers, nurses, health care support workers, psychologist, psychology assistant, occupational therapist, dietician, and speech and language therapists.
- The service had many new staff within the services including registered nurses, healthcare support workers, and psychology assistant.
- Staff had received a thorough induction. The provider ran a corporate induction program for all permanent and temporary staff.
- We found that not all staff were in receipt of regular supervision. The data given by the provider showed that 81% of staff were in receipt of supervision, against a provider target of 93%. Managers told us that they recognised staff supervision as an area for improvement, and there was an improvement plan in place to address this.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings, which took place weekly. Patients were reviewed at the multi-disciplinary team meetings fortnightly. Staff described very supportive working relationships across the multidisciplinary team.
- There were effective handovers on each of the three wards. Staff reported that they took place twice a day and that these were effective and informative. There were monthly staff meetings within the service for all staff on the wards.
- There were effective working relationships including good handovers with other teams in the organisation. Staff described good working relationships between the service and external agencies for example the local safeguarding team and local NHS trust. Care coordinators stayed in contact with patients during their stay within the ward and were invited to care programme approach meetings.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act papers were examined by a competent staff member on admission. Qualified staff scrutinised Mental Health Act paperwork when patients were admitted to the service. The Mental Health Act administrator reviewed these.
- All staff knew the Mental Health Act administrator, and how to make contact for advice and support. Mental

Long stay/rehabilitation mental health wards for working age adults

Good 

Health Act administrators offered support in making sure the Mental Health Act was followed in relation to, for example, renewals, consent to treatment and appeals against detention.

- The service kept clear records of leave granted to patients. Patients, staff and carers (where applicable) were aware of the parameters of leave granted, including risk and contingency/crisis measures. Staff kept clear records of all section 17 leave granted and there was evidence of risk assessments being undertaken prior to, and following patients leave. These assessments were documented in the patients care records. Overall, 94% of staff had received Mental Health Act training. Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements are adhered to. Staff reassessed patient capacity upon renewal of the patient's section. However, staff had not attached copies of consent to all treatment forms where required. Medication charts did not have an up to date treatment form attached. All treatment forms covered the medication being administered.
- Patients had their rights under the Mental Health Act explained to them on admission. Staff repeated this every three months thereafter and an information leaflet given to the patients.
- Administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice was available from the Mental Health Act administrators.
- Staff completed detention paperwork correctly., We saw documentation was up to date and stored appropriately. The provider had a Mental Health Act policy which staff could refer to if needed.
- The service carried out regular audits to ensure that the Mental Health Act was correctly applied. This included a quarterly audit of section 132 Mental Health Act, which related to patient's rights.
- Patients had access to independent mental health advocacy. Staff were clear on how to access and support engagement with the independent mental health advocates. Managers had displayed contact details in-service areas.

Good practice in applying the Mental Capacity Act

- There were arrangements to monitor adherence to the Mental Capacity Act within the hospital.

- Deprivation of Liberty Safeguards applications were made when required. At the time of our visit six patients were subject to Deprivation of Liberty Safeguards. We found that 94% of staff had received training in the Mental Capacity Act.
- There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards, which staff were aware of and could access. Staff assessed and recorded appropriately capacity for people who might have impaired capacity. Staff completed these on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it.
- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests. Staff recognised the importance of the person's wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. However, a number of Mental Capacity Act forms lacked details and there was limited evidence of statutory consultation with others including family, carers and independent mental health advocate. We also found evidence of patients who lacked capacity having signed hospital rules consent forms.
- Staff knew where to get advice about Mental Capacity Act, including Deprivation of Liberty Safeguards, within the hospital.

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

Good 

Kindness, dignity, respect and support

- We saw positive caring interactions between the staff and patients in the service. These interactions were supportive and respectful. Staff were interacting and communicating effectively with patients within the service in much of interactions seen. However, on one occasions staff aided a patient to move, without communicating with the patient.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Four out of six patients described the staff as polite, and helpful. Patients were positive about staff interaction and the support provided by staff.
- Staff showed a genuine caring and passionate approach and were committed to patient needs. Staff understood the individual needs of patients, although we saw that one patient who was not mobile and needed assistance, was not able to reach their drink.

The involvement of people in the care they receive

- On admission patients were shown around the service. Staff provided them with both verbal and written information in the form of a service user handbook, which carers had helped to develop. This had information about meal times, treatment and activities and introduced them to the other patients on the ward.
- Patients were involved in their care planning. All patients were offered copies of their care plans unless they said that they did not want a copy, which was documented. Care plans were recovery focused and promoted independence.
- Staff met with patients to discuss care and treatment. We saw evidence of this in care records.
- Patients on the ward had access to independent mental health advocacy. Posters were available and displayed on the wards.
- Family members and carers were actively involved in care and treatment, where the patient had consented. Family and carers had also been involved in the production of the service user handbook. The provider had recently distributed a family and carers survey.
- Patients could give feedback on the service on the ward. Patients had also been involved in decisions about the service, via attendance at the clinical governance meeting.

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 average bed occupancy over the last 6 months was 75%. One ward had a bed occupancy of more than 85% which was Robin ward, which had an occupancy rate of 97%.
- The provider accepted patients from a wide range of providers across the country.
- Patients always had a bed to return to following a period of leave.
- Staff planned patient transfers and discharges during normal working hours. Managers informed us of one situation, where a provider had requested for a patient to be transferred back to their home area at ten o'clock in the evening. Managers insisted that this transfer was completed at a reasonable hour and that the patient was consulted before the transfer took place.
- There was one delayed discharge from Robin ward, due to delays in the community psychiatric team finding suitable accommodation.
- Staff actively engaged with external agencies in the planning of patient transfers and leave from the ward.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a range of equipment to support treatment and care. However, there was limited rooms available for patient interviews and one to one sessions. Staff used a therapy room on Robin ward, dining room on Wren ward, and an empty patient bedroom on Dove ward for one to one sessions. Staff could also use garden areas in good weather.
- There was an appropriate room for visitors. This was situated next to the main reception area.
- The wards had several bedrooms facing onto the garden. These were not private as the inside of the rooms could be seen from the garden area.
- The garden was a communal area for both male and female patients. Patients had access to a payphone with a hood. The telephone on Dove ward was in the corridor area, therefore was not in a private area, and there was no seat available for patients to use. However, a cordless phone was available for patients to use in a private room, and the payphone was rarely used.
- Patients had open access to outside space during the day, in line with the Mental Health Act Code of Practice guidance.
- Patients gave us mixed reviews about the meals provided. However, staff who were provided with meals

Long stay/rehabilitation mental health wards for working age adults

Good 

on shift, told us that the food was of good quality and that there was a choice of menu. We saw a comprehensive menu choice for each day displayed in the reception area.

- Patients had access to cold and hot drinks and snacks at all times. However, jugs of drinks were not made available to patients who were not mobile, and unable to walk to the kitchen. Patients could personalise their bedrooms, although we saw that not all rooms had been personalised.
- Bedrooms on the ward were lockable therefore patients had somewhere secure to store their possessions. Staff undertook assessments and gave bedroom keys to patients who were able to have them.
- There was access to activities across the week. Staff delivered a reduced number of activities at weekends. Managers told us that there were plans to increase the activity programme at weekend.

Meeting the needs of all people who use the service

- There was disabled access to the three wards, although there was no disabled access to Dovecote, which was the four-bedded standalone unit on the first floor above Dove ward. The ward had accessible bathrooms with adapted chairs, hand rails and shower chairs.
- Information leaflets were available for patients on services, patients' rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information.
- Staff had access to interpreters and translation services when needed. Staff could request information in different languages when needed.
- Patients were offered a choice of food to meet both the dietary requirements of religious and ethnic backgrounds.
- Patients had access to spiritual support. Patients were escorted where needed to the local church and the ward was visited by local churches.

Listening to and learning from concerns and complaints

- Patients knew how to complain and received feedback from complaints. Managers had received two formal complaints in the last 12 months. Managers investigated these within the required timescale and communicated the outcome of the complaint to the complainant in writing. The hospital held a file for complaints that

contained extensive documentation for each complaint including letters, and interviews with staff and patients. Responses were personalised and included apologies where needed.

- Staff knew how to handle complaints appropriately and encouraged patients to do so if necessary.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. Staff informed us of one example, where a patient had been woken in order to be read their rights in accordance with the Mental Health Act. Staff had been made aware that they must wait for the patient to be awake, and that patients should not be woken in an attempt to be read their rights.

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

Good 

Vision and values

- The provider had set visions and values. These were caring, commitment, compassion, competency, courage, communication and consistency.
- We saw that the vision and values were displayed across the service. Managers and staff were aware of the service objectives. Staff demonstrated the values in their behaviours.
- Staff knew the senior managers in the organisation and confirmed that they were often visible on the wards and were accessible and listened to staff.
- Managers had a strong influence and good oversight of the wards. Staff told us that managers were visible on the wards, were approachable, and that their concerns were listened to and acted upon.

Good governance

- Overall, 96% of permanent staff and 88% of bank staff had received mandatory training.
- Overall 81% of staff had received supervision in line with hospital policy.
- The provider submitted data showing that 100% of staff had received an annual appraisal within the last twelve months.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There was not always a sufficient number of staff on Wren ward. We found that the high level of patient need around personal care, feeding and observations exceeded the number of staff available to deliver those interventions effectively.
- Staff maximised shift time on direct patient care activities.
- Clinical staff participated in and took required actions following clinical audits on infection control, schizophrenia, Mental Health Act, safeguarding, preventing suicide, clinical supervision, risk assessment together with mental capacity and consent.
- The process for staff to learn from incidents, complaints and service user feedback was robust. The organisation held quality improvement meetings and had a process of sharing lessons with staff.
- Senior managers conducted quality walkabouts and out of hours visits. The outcome of these were written up, and communicated to the senior management team. Managers then developed an action plan to address any areas for improvement.
- Staff knew about processes in place for safeguarding, the Mental Health Act and Mental Capacity Act and followed them. However, a number of Mental Capacity Act forms lacked details and there was limited evidence of statutory consultation with others including family, carers and independent mental health advocates.
- There were no blanket restrictions on the wards. Patients were not allowed to smoke on the wards, however patients were allowed to smoke in certain areas of the hospital.
- The provider used key performance indicators in the format of a dashboard, and other indicators to gauge the performance of the team. Managers developed action plans where there are issues.
- Ward managers had sufficient authority, although did not hold the ward budget and did not have administrative support.
- Staff had the ability to submit items to the risk register. This register was reviewed and updated in clinical governance meetings by the senior management team.

- The provider followed their policy to monitor the fitness of directors that were required under the regulation of fit and proper person, and had arrangements to regularly review the fitness of directors, in order to ensure they are fit for their role.

Leadership, morale and staff engagement

- The hospital had a strong senior leadership team who met regularly. This group met to review governance, delivery of service and standards within the hospital. Senior managers told us the group was able to challenge each other over issues and healthy debate took place when making decisions. We saw minutes of these meetings and were assured the service was well led.
- The manager reported that the sickness and absence rate in the service was three percent, and that there had been a 32% turnover in service staffing.
- There had been no reports of bullying and harassment recorded at the time of our visit. Staff described managers as supportive and told us that they felt listened to.
- Staff knew how to use the whistle blowing process and how to raise concerns.
- Staff indicated that they felt able to raise concerns without fear of victimisation.
- We found that staff morale, job satisfaction and sense of empowerment was high. Staff described the hospital as a good place to work, said that managers were visible and listened to staff.
- Managers told us that staff had identified opportunities for career development as an area for improvement.
- Staff were open and transparent and explained to patients if and when something went wrong.
- Staff advised that they were given the opportunity to give feedback on services and service developments in the monthly team meetings.

Commitment to quality improvement and innovation

- Robin ward had been registered as an associate member for the accreditation for in-patient mental health services. Managers told us that they were working toward full accreditation within the next year.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

- The provider should ensure that there are sufficient staff on Wren ward to meet identified patient needs.
- The provider should ensure that all staff receive regular supervision.
- The provider should ensure that the views of carers and professional are clearly documented on Mental Capacity Act.
- The provider should ensure that care plans are specific and measurable, and that care recommended within the plan is delivered and documented.
- The provider should ensure that patients have access to call alarms and drinks.
- The provider should consider the privacy of patients who have bedrooms facing the garden.
- The provider should ensure that all fluid balance charts are completed throughout the 24-hour period, and are totalled daily.