The Priory Hospital Preston

Quality Report

Rosemary Lane,
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Preston,
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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

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.

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 Priory Hospital Preston as good because we were assured about the safety of patients being cared for in the hospital.

We inspected the safe domain following notifications received by CQC about absent without leave incidents.

Summary of findings

These had involved patients leaving the hospital through windows and doors. We were assured that the provider had taken appropriate actions to address these issues to avoid recurrence.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	See overall summary

Summary of findings

Contents

Good

The Priory Hospital Preston

Services we looked at;
Acute wards for adults of working age and psychiatric intensive care units;

Summary of this inspection

Background to The Priory Hospital Preston

The Priory Hospital Preston is an independent adult mental health hospital, specialising in the management and treatment of a wide range of mental health problems.

The hospital director was the registered manager for the Priory Hospital Preston. There was a controlled drugs accountable officer in place.

The hospital had two wards. These were:

• Bartle unit which was a specialist ten bed eating disorder unit for male and female patients

• Rosemary ward, which provided thirteen allocated beds for male and female patients, who required acute inpatient facilities.

There had been four inspections carried out at the Priory Hospital Preston, most recently on 25 August 2015. At each of these inspections, we found the service was compliant in all the areas we assessed.

We have carried out unannounced Mental Health Act monitoring visits at the Priory Hospital Preston. The most recent was on 19 October 2016 when we visited both Bartle ward and Rosemary wards. We found good systems for adhering to the Mental Health Act. We found minor issues relating to the Mental Health Act . The provider submitted an action statement telling us how they would improve adherence to the Mental Health Act and Mental Health Act Code of Practice in these areas. Actions from this which fell within the remit of this inspection had been completed.

Our inspection team

Team leader: Clare Fell

The team that inspected the service comprised an interim inspection manager, an inspector and an assistant inspector.

Why we carried out this inspection

We undertook this focused, unannounced inspection of Priory Hospital Preston to follow up on information we had received about a number of incidents which involved the hospital environment. This included a number of patients being absent without leave.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the hospital, including statutory notifications sent by the hospital. We carried out an unannounced inspection on 13 September 2017.

During the inspection visit, the inspection team:

- visited both wards at the hospital to assess the ward environment;
- spoke with the registered manager and managers of the wards;
- spoke with three other staff members; a doctor, a housekeeper and a nurse;
- reviewed five risk assessments and care plans relating to patient care;
- reviewed incident documentation and reviews relating to absent without leave incidents;

Summary of this inspection

- carried out a specific check of the medication management on both wards;
- reviewed investigation reports relating to serious incidents; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We did not interview patients as part of this inspection, although we spoke informally to patients throughout the inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because

- Staff mitigated risks related to the environment and ward layout by the use of closed circuit cameras, parabolic mirrors and staff allocations.
- Ligature risks were reviewed regularly and actions were taken where necessary.
- Patients were being cared for in accordance with same sex accommodation guidance.
- Clinic rooms were clean and tidy with resuscitation equipment accessible and in good order.
- Staffing levels were sufficient and could be increased when needed.
- Medical staff were available when needed.
- Nursing and medical staff completed risk assessments and these were reviewed and updated regularly.
- Managers investigated serious incidents thoroughly and we saw that actions were taken as a result.
- Staff were aware of and followed the Duty of Candour.

Detailed findings from this inspection

Mental Health Act responsibilities

We did not look at the Mental Health Act in detail on this inspection. This was because our inspection focused on whether safe care and treatment was being delivered.

When reviewing prescription documentation, we noted that section papers were stored with prescription cards to enable nursing staff to check consent to treatment status.

Where patients were being treated in the first three months of detention and a certificate for treatment was not needed, this was clearly documented and the date of expiry noted.

We saw where treatment was authorised by a second opinion approved doctor that a valid certificate was in place with copies stored with prescription cards and only treatment authorised was being given.

Overview of ratings

Our ratings for this location are:

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

Notes

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

Good

Safe

Good

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

Good

Safe and clean environment

We undertook a detailed environmental inspection of both wards at the hospital. Bartle ward was located on the second floor of the hospital, and had an 'L' shaped layout with bedrooms located on one corridor and communal areas on the other. Rosemary ward was located on the first and ground floor. On the first floor there are bedrooms on one corridor with a main ward area where the lounge, nursing office and clinic were located. On the ground floor, there were further bedrooms, the occupational therapy lounge and a female only lounge.

Rosemary ward provided accommodation for both male and female patients. Female patient's bedrooms were on the lower floor with a designated female lounge. A member of staff was allocated to the female corridor for support. Staff used handheld radio's for communication between the two floors. Male bedrooms were located on the first floor and male patients had to walk through the female corridor to access the garden and the dining room.

Both wards had layouts which meant staff could not observe all parts of the ward from one location, these were mitigated by the use of closed circuit cameras in corridors and parabolic mirrors where needed. There was signage to tell patients that closed circuit cameras were in operation. Additionally, staff were allocated between the two floors for Rosemary ward.

Two garden areas were accessible from the hospital. A secure garden area was accessible by patients if there were risk issues and this required staff to be present. A larger garden area was accessible to most patients with open access. The secure garden had tall wooden fencing to prevent absconsion, with a lower height fence evident around the larger garden area. All fixtures and fences were in a good state of repair. Closed circuit cameras were in place over the garden areas and the main entrance, with signage indicating this on the walls.

Staff completed a comprehensive ligature risk audit every six months and it was clear what actions had been taken at each assessment. Seven bedrooms were designated as reduced ligature bedrooms and were allocated on the basis of risk. These had flush fittings including boxed in television sets. The up to date ligature risk assessment for each ward was kept in the nursing office and staff were aware of its location. All bedrooms had an ensuite bathroom with shower.

Window fittings within patient's bedrooms were fitted with window restrictors and following a recent incident additional measures to prevent patients being able to climb through windows had been put in place. This work had been undertaken following review and evaluation of options, with care taken that measure put into place should be proportionate and should not introduce additional ligature risks. Window fittings were checked on a monthly basis by the estates team and we saw completed checklists for the last twelve months.

We reviewed both ward's clinic rooms. These were clean and tidy. There was sufficient storage. Resuscitation equipment was stored in the nursing office in grab bags so that these could be quickly located in the event of emergency. Emergency drugs were supplied by the pharmacy in a sealed box which would be replaced if items expired or were used. These were kept in a locked box in the clinic room. The defibrillator for the hospital was stored on one ward and staff were aware of it's location in an emergency. Nurses checked the equipment on a daily basis. Both wards had ECG machines that were compliant with portable appliance testing.

All ward areas were clean with good quality, well maintained furnishings. Housekeeping staff kept a cleaning schedule which covered the wards and rooms, and requests could be made for additional cleaning when needed. The ward kitchen was clean and tidy and was available for patients to use throughout the day and night.

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

Good

We saw good infection control practice. Regular audits were undertaken and actions completed. Additional audits were completed including water temperature, legionella and bed inspections.

Environmental audits were undertaken by a team from another hospital within the group on an annual basis. The most recent audit was thorough and identified actions needed, which had been updated once completed.

Safe staffing

Establishment levels of staff across the two wards were 15 qualified nurses and 28 nursing assistants. Four additional qualified nurses had been recruited and were awaiting start dates.

The hospital director and ward managers established the number and grade of staff needed for wards. We saw on individual ward duty rotas that the staffing number was always met or exceeded the planned provision. If additional staff were required, for example due to enhanced observations, there was an established nurse bank with regular bank staff employed. Agency nurses also covered shifts with agency nurses block booked to cover shifts to ensure continuity. There were no additional shifts in the last three months unfilled.

There was a doctor on site each day and during the night and weekends there was a doctor on call. Staff also had access to an on call GP service.

Assessing and managing risk to patients and staff

We reviewed five care and treatment records. We saw risk assessments completed at admission and frequently reviewed. These were always reviewed and updated following any incident. Medical staff completed risk management plans and these were incorporated into nursing care plans.

We reviewed care plans in all records, these were thorough and had evidence of patient involvement. We saw examples of safeguarding care plans which were detailed and contained all information needed for staff to follow.

There were some blanket restrictions in place which were about prohibited items. These were reasonable to maintain the safety of patients and staff. They were in line with the providers policy and included banned items such as:

- fire arms
- alcohol and drugs
- energy drinks
- tools
- sharp implements/knives

Restricted items that patients were individually risk assessed for included:

- razors
- spare batteries
- glue
- plastic bags
- lighters

We saw that the provider had reviewed restrictive practices and that if restrictions were needed these were care planned on an individual risk basis. We saw that patients were able to access the internet via wifi and could keep personal phones or other internet devices.

Staff followed up to date policies for observation and we saw staff allocated to observations at the commencement of the shift by the qualified nurse in charge. Patient's observation levels were reviewed with risk management and were clearly documented in observation care plans.

Staff were trained in de-escalation and restraint techniques. Restraint was used only as a last resort. Restraint had been used 20 times during the last six months. On Rosemary ward restraint had been used six times on six different patients. On Bartle ward restraint had been used 14 times on the same patient. This was mostly in relation to minimal restraints to facilitate nasal gastric feeding. No prone restraint had been used.

There was no use of long term segregation or seclusion at this hospital.

Staff undertook training in safeguarding with 87% of staff up to date. We saw where staff had identified and raised safeguarding issues appropriately. Managers liaised with the local authority safeguarding team regarding referrals.

We reviewed medicines management. We reviewed twelve prescription cards across both wards. Prescription cards were clearly written and stored with consent to treatment documentation where necessary. Nurses signed to show medicines were administered and there were no administration boxes unsigned. We saw good practice in terms of storage and ordering medicines. Medicine stocks were checked regularly. Controlled drugs were stored

appropriately and registers were up to date with regular stock checks by both nurses and pharmacists. We saw that were electrocardiograms or blood monitoring was required this was completed.

Track record on safety

We reviewed six serious incident reports from the last twelve months. Two of these related to medicines errors, three absent without leave incidents and one incident of serious self harm.

Medicines errors had been thoroughly investigated, with actions identified to prevent recurrence.

One absent without leave incident had occurred by a patient being able to force a magnetic lock on an external door. The door locks had been changed to stronger locks to prevent recurrence.

Two absent without leave incidents had occurred from windows in patient bedrooms. We reviewed the safety and fittings of the windows following the actions taken. The first incident was where a patient had been able to abscond from a ground floor window by over-riding the window restrictors which had been in place. Following this incident, all bedroom windows had been fitted with enhanced window restrictors and other measures had been put in place to prevent egress if the restrictors were to be broken.

An incident more recently had involved a determined attempt to leave the building via the window with the use of tools. Following this incident, an immediate investigation and environmental review had taken place, led by an external management team. This identified significant planning and determination to overcome the measures in place. The provider has a longer term plan to replace all windows with different units which slide, but this will be over the next six to twelve months. We were reassured that measures in place were sufficient given the remit of the unit.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and followed the provider's policy. Staff reported incidents on an electronic system which alerted managers when incident reports were submitted. Incidents were reported appropriately and serious incidents had been notified to CQC and other agencies, e.g. Health and Safety Executive, where appropriate.

Lessons learnt alerts were shared with staff at team meetings, this included findings from other hospitals in the provider group.

We saw in investigation reports, that patients were involved in the review of incidents and staff were open and honest when incidents occurred which affected patients.

Staff were able to identify actions taken following incidents to prevent recurrence, for example, additional checks of prescription cards put in place to avoid transcribing errors.

Duty of Candour

We saw that where incidents had the potential to cause harm the duty of candour had been followed. This was in terms of patients and carers being given an apology and being involved in the investigation process and informed of outcomes.

Outstanding practice and areas for improvement

Areas for improvement