

Priory Healthcare Limited

The Priory Hospital Hayes Grove

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

The Priory Hospital Hayes Grove is an independent hospital that provides support and treatment for people with mental illness, eating disorders and people recovering from drug and alcohol addictions.

Our rating of this location stayed the same. We rated it as good because:

- The ward environments were safe and clean. The wards had enough nurses and doctors to deliver care to patients, although they continued to have vacancies. At the time of inspection, there were 18 nursing vacancies across the service. Most of the nursing vacancies were covered by staff who were employed via an agency, often on a longer-term block-booked basis. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Staff did not always manage patients physical healthcare needs well in the eating disorder service.

Summary of findings

Our judgements about each of the main services

Service

Residential substance misuse services

Rating

Good



Summary of each main service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. All ward environments were clean, well equipped, well furnished, well maintained and fit for purpose. The wards complied with guidance in relation to mixed sex accommodation. Work was being undertaken to further reduce the number of ligature points in individual bedrooms on Lower Court ward.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Ward managers could adjust staffing levels dependent on the acuity of the ward. The service had a recruitment and retention action plan to address the high number of nurse vacancies which were being managed through locum agency staff.
- The service assessed, managed and reviewed individual patient risk appropriately. Patients were involved in managing risks to their care. They responded promptly to sudden deterioration in patients' physical and mental health.
- Staff monitored patients' symptoms of withdrawal using a nationally recognised assessment tool. When clients were admitted for alcohol or opiate detoxification, they were prescribed medicines from standard prescribing protocols. Staff made patients aware of harm minimisation and the risks of

Summary of findings

continued substance misuse. Safety planning was an integral part of recovery plans. The service provided a comprehensive range of group and individual therapy to support patient's recovery.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to all electronic and paper information needed to deliver patient care. Records and care plans were individualised, clear, accurate, up to date and completed in a timely manner.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.
- The service had a good track record on safety. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Comprehensive mental and physical health assessments were completed on admission to the service. Care plans were personalised, holistic, included the patient's views and were regularly reviewed and updated. Staff monitored patients' physical healthcare, took appropriate action when needed and supported them to live healthier lives. Outcome measures were used to measure the effectiveness of treatment programmes.
- The service made sure staff were skilled and competent for their roles. Managers appraised staff's work performance and held regular supervision meetings with them. The service provided mandatory and specialist training in key skills to all staff and made sure everyone completed it. Managers provided an induction programme for new staff.

Summary of findings

- Staff from different disciplines worked together as a team to benefit patients. The service had effective relationships with relevant teams in the organisation and with external teams, professionals, and organisations.
- Staff cared for patients with compassion and kindness. Patients were partners in their care. Where appropriate families and carers were involved.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.
- The service had managers at all levels with the right skills and abilities to run the service effectively. Morale was high and staff were positive about their leadership. Staff were supported, felt valued and felt they could raise issues of concern and would be listened to by the management team.
- Managers operated effective governance processes, throughout the service. Robust performance management systems were in place to ensure the quality of the service was monitored and actions were in place to constantly drive improvement.

Specialist eating disorder services

Good



Our rating of this service stayed the same. We rated it as good because:

- The ward environments were safe and clean. The wards had enough nurses and doctors, although they continued to have vacancies. The eating disorder service had eight nursing vacancies at the time of inspection. These vacancies were covered by agency staff, often on a longer-term block-booked basis. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

Summary of findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Staff did not always assess and record all risks accurately, although they did manage most risks well. For one patient with epilepsy whose records we reviewed, the care plan and risk assessment did not refer to their epilepsy, and in seven out of eight risk assessments we reviewed, the level of risk identified did not match the risk identified in the risk formulation.

We rated this service as good because it was effective, caring, responsive, and well led although safe requires improvement.

Summary of findings

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

Good



Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. All ward environments were clean, well equipped, well furnished, well maintained and fit for purpose. The wards complied with guidance in relation to mixed sex accommodation. Work was being undertaken to further reduce the number of ligature points in individual bedrooms on Lower Court ward.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Ward managers could adjust staffing levels dependent on the acuity of the ward. The service had a recruitment and retention action plan to address the high number of nurse vacancies which were being managed through locum agency staff.
- The service assessed, managed and reviewed individual patient risk appropriately. Patients were involved in managing risks to their care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to all electronic and paper information needed to deliver patient care. Records and care plans were individualised, clear, accurate, up to date and completed in a timely manner.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Summary of findings

- The service had a good track record on safety. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
 - The service provided care and treatment based on national guidance and evidence of its effectiveness. Comprehensive mental and physical health assessments were completed on admission to the service. Care plans were personalised, holistic, included the patient's views and were regularly reviewed and updated. Staff monitored patients' physical healthcare, took appropriate action when needed and supported them to live healthier lives. Outcome measures were used to measure the effectiveness of treatment programmes.
 - The service made sure staff were skilled and competent for their roles. Managers appraised staff's work performance and held regular supervision meetings with them. The service provided mandatory and specialist training in key skills to all staff and made sure everyone completed it. Managers provided an induction programme for new staff.
 - Staff from different disciplines worked together as a team to benefit patients. The service had effective relationships with relevant teams in the organisation and with external teams, professionals, and organisations.
 - Staff cared for patients with compassion and kindness. They respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
 - The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.
 - The service had managers at all levels with the right skills and abilities to run the service effectively.
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Summary of findings

Morale was high and staff were positive about their leadership. Staff were supported, felt valued and felt they could raise issues of concern and would be listened to by the management team.

- Managers operated effective governance processes, throughout the service. Robust performance management systems were in place to ensure the quality of the service was monitored and actions were in place to constantly drive improvement.
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Summary of findings

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Summary of this inspection

Background to The Priory Hospital Hayes Grove

The Priory Hospital Hayes Grove is an independent hospital that provides support and treatment for people with mental illness, eating disorders and people recovering from drug and alcohol addictions. It has 46 inpatient beds. It provides care and treatment for men and women aged between 18 and 65. The services provided are acute mental health inpatient care and treatment, addiction therapy, medically assisted withdrawal from drugs and alcohol and specialised inpatient care for people with eating disorders.

Lower Court is an acute admission ward for up to 17 men and women. Patients received treatment either for their mental health needs or through the specialist addictions programme.

Wickham ward opened during our inspection in April 2021. Wickham ward had two patients on the ward at the time of the inspection. Wickham ward is an acute admission ward for up to nine men. Patients are placed on the ward by a local NHS trust.

The eating disorders service had 20 beds across two wards. The acute ward and the progression and transition ward. Each ward has ten beds. Patients are admitted to the acute ward. Here they are assessed, medically stabilised and started on a re-feeding programme. Patients then transfer to the progression and transition ward. On this ward, patients take more responsibility for their recovery as discharge planning intensifies. Throughout admission, patients are offered individual and group therapy interventions.

The provider is registered to provide care for the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service had a registered manager in place at the time of this inspection.

This was an unannounced comprehensive inspection of the service. We used CQC's interim methodology for monitoring services during the COVID-19 Pandemic.

The last comprehensive inspection of the provider was in October 2018. The overall rating for the provider was good. The domains of safe, effective, caring, responsive and well-led were rated good.

CQC conducted focused inspections at the hospital in January and September 2020. These inspections focused on Keston Unit, which was a ward for people with learning disabilities or autism. These inspections identified concerns regarding the quality of care provided on this ward. Following the inspection in September 2020, the provider took the decision to close the ward. The Keston Unit closed in February 2021

CQC chose to suspend the rating for the service following the inspection in September 2020.

Summary of this inspection

We conducted this inspection to review the governance of all the services provided at the Priory Hospital Hayes Grove to check that the concerns that we identified in the Keston Unit were not repeated.

How we carried out this inspection

We conducted this inspection on site and remotely to minimise risks in relation to COVID-19. As this inspection took place during the COVID-19 pandemic, we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the wards to prevent cross infection. Our inspection consisted of three short site visits, which included one unannounced evening visit to the hospital. We were joined by two CQC specialist advisors on the second day of our inspection. Whilst on site we wore the appropriate personal protective equipment and followed local infection control procedures. The remainder of our activity was carried off-site. This included staff interviews over the telephone and analysis of evidence and documents. Our final staff telephone interview was completed on Friday 23 April 2021.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited Lower Court, Wickham ward and both eating disorder wards
- conducted a tour of the environment on each ward
- observed how staff were caring for patients
- spoke with ten patients who were using the service
- spoke with three family members of patients
- spoke with the ward managers of each ward, registered manager, clinical director, and medical director
- spoke with 15 other staff members: including, ward doctors, nurses, occupational therapists, psychologists and support workers.
- looked at 17 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with one legal requirement. This action related to the eating disorder service.

- The service must ensure that there are management plans in place for patients with all physical health conditions Regulation 12 (1)(2)(b)).

Summary of this inspection

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure that records accurately reflect patients' current risks.
- The provider should continue to improve patient care plans on eating disorder progression and transition ward to ensure that they are personalised, holistic and recovery orientated.
- The provider should continue efforts to recruit more permanent nursing staff.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Specialist eating disorder services	Requires Improvement	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Residential substance misuse services

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

Are Residential substance misuse services safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

- The service provided safe care. All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Work was being undertaken to further reduce the number of ligature points in individual bedrooms on Lower Court ward.
- Staff had access to personal protective equipment (PPE), such as gloves, visors, masks and aprons. Staff followed the current infection control policies and procedures and used control measures to prevent the spread of infection.
- The service ensured that there were enough nursing and medical staff to keep patients safe. Lower Court ward had six nursing vacancies that were covered by contracted agency staff. All agency staff and permanent staff received mandatory and specialist training to keep patients safe from avoidable harm. Staffing challenges were being addressed. There was a recruitment and retention action plan in place and the service was working with local universities to recruit newly qualified staff.
- Staff assessed and managed risks to patients and themselves well. We reviewed four care and treatment records of patients on the addictions treatment pathway. Staff completed a risk assessment for every patient upon admission who was undergoing medically assisted withdrawal using a recognised risk assessment tool. Staff monitored and recorded withdrawal symptoms using Clinical Institute Withdrawal Assessment for Alcohol (CIWA) and Clinical Opiate Withdrawal Scale (COWS) scales. Staff responded to changing risks during withdrawal. For example, a patient was sent to the general hospital following a sudden deterioration in their physical health. Risk assessments and risk plans were regularly reviewed and updated. Patients were made aware of the risks of continued substance misuse. Harm minimisation and safety planning was an integral part of recovery planning.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Each ward had a safeguarding lead who provided staff with guidance and support in managing safeguarding concerns.

Residential substance misuse services

- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records. Patient care records were stored on an electronic system. Staff used this system to record and access each patient's progress notes, care plan, risk assessments and other information relating to care and treatment. All clinical staff had access to the electronic system. Work was being undertaken by the hospital to review the quality of record keeping and address any gaps identified by the review.
- The service used systems and processes to safely prescribe, administer, record, store and dispose medicines. Medicines were well organised, medicine administration records were complete and contained no gaps in administration. Staff regularly reviewed the effects of medicines on each patient's physical health for example we saw that regular prescribing reviews were undertaken. Staff provided specific medicine advice to patients and carers. All staff had undertaken medical assisted withdrawal training.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff were able to give examples of changes following incidents, such as the removal of lamps in all bedrooms following a ligature incident. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are Residential substance misuse services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff completed a comprehensive physical and mental health assessment of all patients on admission. Patients were seen by a doctor and a nurse who obtained a full medical and detailed history of each patient's use of drugs and alcohol.
- Staff developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. We reviewed four care plans for patients on the addictions pathway. Care plans were separated into keeping well (would include consideration around medications and side effects), keeping safe (level of observations included, linked to risks), keeping healthy (physical health monitoring and diet and keeping connected (to family and friends). These four headings were also used in the progress notes for day and night staff to report under each of the four categories each shift. Patients confirmed they were involved in developing their care plan and setting goals for their recovery. The service had plans in place for a patient's unexpected exit from treatment. Staff provided information on support services and harm reduction advice.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. The interventions were those recommended by and delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). Detoxification regimes were tailored to suit individual need. Patients had access to psychological interventions. This included individual and group support such as cognitive behavioural therapy (CBT), yoga, mindfulness, couples and family therapy programmes. Patients were provided with after care support for 12 months following completion of the programme.
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Patients who wished to stop smoking were supported by staff to access nicotine replacement therapies.

Residential substance misuse services

- Patients took part in meaningful occupation to develop everyday recovery skills and could access groups and services within the local community such as the local swimming pool and gym.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. The ward used Health of the Nation Outcome Scales (HONOS) to assess and record patient treatment outcomes.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff including agency staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation, for example staff worked closely with individual GP's.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Care records detailed that patients had consented to their care and treatment. Patients were only admitted to the detoxification programme if they had capacity to consent.

Are Residential substance misuse services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- We observed positive interactions between staff and patients. Interactions were respectful and caring and demonstrated that staff had a good understanding of patients' needs and preferences. During our time on the ward, we observed staff laughing and joking with patients on the ward. Patients told us they had good therapeutic relationships with staff, in particular the permanent staff members.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately and provided them with support when needed. Family and carers were invited to ward rounds with the patient's permission.
- Staff enabled patients to give feedback on the service. Regular satisfaction surveys were carried out and patients also provided feedback at the fortnightly community meeting.

Good 

Residential substance misuse services

Are Residential substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and when patients returned from leave.
- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. The service could meet the needs of patients with disabilities. The service was wheelchair accessible. There was lift access to the service for those requiring it due to disability or acuity of illness. Staff said they could access interpreters, or spiritual support if this was required.
- We reviewed six complaints and their responses as part of the inspection. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. Staff discussed the outcome of complaint investigations at team meetings and clinical governance meetings.

Are Residential substance misuse services well-led?

Good 






Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Leaders in the service could describe how staff were working to provide safe, high quality care and how the service was striving for excellence.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt positive and proud about working for the provider and their team. Staff described how they felt listened to and that the patient's and all relevant team members' views were considered when it came to delivering care.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Morale was high and staff were positive about the leadership. All staff that we spoke to felt able to raise concerns with the management team. Staff reported that the management team remained visible throughout the pandemic. The hospital director had recently begun drop-in sessions for staff, where staff were able to meet the hospital director on a one-to-one basis. A recent staff survey had been completed in February 2021. Twenty-one members of staff completed the survey. Seventy-one per cent of staff said that they look forward to coming to work and 95% of staff said that their manager listened to them.

Residential substance misuse services

- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well. Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. There was a clear framework for communication, this enabled staff to be kept updated about the service, incidents, complaints and essential information through regular team, clinical governance, and daily hospital meetings.
- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The senior leadership team were aware of areas where improvements could be made and were committed to improving care and treatment for patients.
- Staff engaged actively in local and national quality improvement activities.

Specialist eating disorder services

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

Are Specialist eating disorder services safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement because:

- Staff had not assessed and dealt with all physical health risks. For one patient with epilepsy whose records we reviewed, the care plan and risk assessment did not refer to their epilepsy in detail and it was not clear how staff were currently managing their epilepsy. We raised this with the service at the time of the inspection and the team put a comprehensive epilepsy management plan in place the following day.
- Staff regularly assessed risk and were aware of and dealt with most specific risk issues, but they did not always update all parts of patients' records to contain the correct information regarding their risks. In seven out of eight risk assessments we reviewed, the level of risk identified did not match the risk identified in the risk formulation. This presented a risk as it may cause confusion for staff, however, during our inspection we did not see that it was having an impact. Staff reviewed risks regularly and shared up-to-date information regarding them at handover meeting, and the members of staff that we spoke to were aware of the risks of each individual patient.

However:

- Both wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff had access to personal protective equipment (PPE), such as gloves, visors, masks and aprons. Staff followed the current infection control policies and procedures. All staff observed during the inspection were wearing PPE correctly.
- Most staff that we spoke with told us that they thought the staff room was too small for staff to safely socially distance. This meant that some staff members were eating their lunch in their cars. Senior leaders at the hospital said that an expansion of the current staff room was being costed and the staff room would be expanded in the next few months.
- The service ensured there was enough nursing and medical staff, although the wards had high vacancies for permanent staff. The eating disorder unit had eight nursing vacancies across the two wards. These vacancies were covered by agency staff that had been block booked. This meant that most agency staff had worked on the wards for extended periods of time – some had worked on the ward for multiple years – and knew ward procedures and the patients well. These agency staff received regular supervision from the ward managers.

Specialist eating disorder services

- Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was guidance on staff notice boards with the actions to take and referral telephone numbers for other agencies. Each ward had an identified safeguarding lead who was the point of contact to escalate concerns.
- Staff had easy access to clinical information, and five out of eight records we reviewed were of high quality. However, three care plans we reviewed were generic in areas. Patient care records were stored on an electronic system. Staff used this system to record and access each patient's progress notes, care plan, risk assessments and other information relating to care and treatment. All clinical staff had access to the electronic system.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. Medicines were stored securely and in well-organised cabinets and a medicines fridge and were disposed of safely. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicine.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff gave examples of changes that have taken place due to previous incidents both on the ward and across other Priory sites. For example, there had been incidents involving the television remote control for the lounge. In response to these incidents, staff kept the television remote in the nurses' office and access to it was supervised. At the time of the inspection, they were seeking a tamper-proof television remote.

Are Specialist eating disorder services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs. The quality of care plans was mixed. It was not always clear that each care plan was personalised for each individual patient. Three out of four care and treatment records we reviewed on the progression ward had generic aims/goals; however, patients that we spoke to felt involved in their care and decisions relating to it. Senior leaders were already working to improve care and treatment records and were being supported by the Priory quality team and an external hospital director with this work.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Patients had access to psychological interventions recommended by The National Institute for Health and Care Excellence (NICE). This included individual and group support such as cognitive behavioural therapy (CBT) and Maudsley Anorexia Nervosa Treatment for Adults (MANTRA).

Specialist eating disorder services

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Staff used the Depression and Anxiety Scale (DASS) as an outcome measure.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The teams included ward managers, consultant psychiatrists, dietitians, nutritionists, occupational therapists, ward doctors and clinical psychologists. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. The induction checklist assessed new staff member's observation competency, knowledge of ligature hotspots on the ward and infection prevention control (IPC) assessments.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Staff in the team maintained effective relationships and communication with other agencies. Staff felt that the COVID-19 pandemic had increased the accessibility of staff from community teams and allowed staff to attend CPA meetings more easily.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them. Staff knew who their Mental Health Act manager was and said they were easy to contact. Notices were present on the entrance to the wards saying that although the doors are locked informal patients could ask staff to go out.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. We looked at eight care and treatment records in detail across both wards. Staff completed capacity assessments for patients that might have impaired capacity, and these were time and decision specific.

Are Specialist eating disorder services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. All the patients that we spoke to said that the staff members treated them with dignity and respect. During the inspection we observed positive interactions between staff and patients.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates. Staff completed a 'you said / we did' board on the ward to let patients know they had responded to their concerns.
- Staff informed and involved families and carers appropriately. Family and carers were invited to ward rounds with the patient's permission. Staff members would help support patients to go on home leave. All family members and carers that we spoke to felt suitably involved in their loved one's care.

Specialist eating disorder services

Are Specialist eating disorder services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons. The service worked with commissioners from NHS England to accept referrals. All patients were funded by the NHS. Most patients were from the London and South-east regions. The ward managers planned all new admissions with the multidisciplinary team.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. Staff and patients had access to a limited range of rooms in the service. For example, in the acute ward there was a communal lounge and a small room designated as a female only lounge.
- The food was of a good quality and patients could make hot drinks and snacks as agreed in their treatment plan. On the progression and transition ward, patients used the kitchen and dining area more independently as they worked towards independence in preparing and eating their own meals. Patients could store their food and groceries in the freezer, fridge and cupboards.
- Patients had access to education and work opportunities. For example, one patient said that staff had supported them to take their exams.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. The service could meet the needs of patients with disabilities. The service was wheelchair accessible. There was lift access to the service for those requiring it due to disability or acuity of illness. Staff said they could access interpreters, or spiritual support if this was required.
- We reviewed six complaints and their responses as part of the inspection. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. For example, concerns were raised about infection control on the acute eating disorders ward. The provider upheld the complaint and put procedures in place to mitigate the risk of reoccurrence. Housekeeping staff were all re-trained following this complaint. The outcomes of complaint investigations were discussed at team meetings and clinical governance meetings.

Are Specialist eating disorder services well-led?

Good 






Our rating of well-led stayed the same. We rated it as good because:

Specialist eating disorder services

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Staff spoke highly of the senior leaders in the service. Leaders in the service could describe how staff were working to provide safe, high quality care and how the service was striving for excellence.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Morale was high and staff were positive about the leadership. All staff that we spoke to felt able to raise concerns with the management team. Staff reported that the management team remained visible throughout the pandemic. The hospital director had recently begun drop-in sessions for staff, where staff were able to meet the hospital director on a one-to-one basis. A recent staff survey had been completed in February 2021. Twenty-one members of staff completed the survey. Seventy-one per cent of staff said that they look forward to coming to work and 95% of staff said that their manager listened to them.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and most risks were managed well. The service had a clear framework of what must be discussed at ward and senior management level. Monthly ward staff meetings followed a clinical governance structure where pertinent issues such as incidents, complaints, best practice and performance data were discussed.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Ward managers had access to the information on their ward performance collected through clinical audit. This included information on staffing levels, staff supervision and completion of patient risk assessments and care plans.
- Staff engaged actively in local and national quality improvement activities. At the time of the inspection, the eating disorder units had recently undergone an audit completed by the Quality Network for Eating Disorders. The wards had recently received their accreditation.

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

Good 

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

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

Good 

Our rating of safe stayed the same. We rated it as good because:

- The service provided safe care. All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe, for example, by using observation. Work was being undertaken to further reduce the number of ligature points in individual bedrooms on Lower Court ward. Wickham ward had been refurbished before opening, adaptations had been made to the ward to make it more secure for the new patient group. For example, anti-climb rollers had been added to the outdoor space to try and reduce the risk of patients absconding.
- Staff had access to personal protective equipment (PPE), such as gloves, visors, masks and aprons. Staff followed the current infection control policies and procedures and used control measures to prevent the spread of infection.
- The service ensured that there were enough nursing and medical staff to keep patients safe, although Lower Court had six nursing vacancies. Wickham ward had four nursing vacancies at the time of the inspection, however as there were only two patients on the ward the full complement of staff was not required. The wards covered these vacancies using agency members of staff. These members of staff often worked on a longer-term block-booked basis, which meant they knew the ward well. On Lower Court ward, there were six nursing vacancies that were covered by contracted agency staff. All agency staff along with permanent staff received mandatory and specialist training to keep patients safe from avoidable harm. Staffing challenges were being addressed. There was a recruitment and retention action plan in place and the service was working with local universities to recruit newly qualified staff.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Risk management plans were recorded and updated in all nine records we reviewed. The risk management plans were also reviewed during handover and multi-disciplinary meetings.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Each ward had a safeguarding lead who provided staff with guidance and support in managing safeguarding concerns.

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

Good 

- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records. Patient care records were stored on an electronic system. Staff used this system to record and access each patient's progress notes, care plan, risk assessments and other information relating to care and treatment. All clinical staff had access to the electronic system. Work was being undertaken by the hospital to review the quality of record keeping and address any gaps identified by the review.
- The service used systems and processes to safely prescribe, administer, record, store and dispose medicines. Medicines were well organised; medicine administration records were complete and contained no gaps in administration. Staff regularly reviewed the effects of medicines on each patient's physical health for example we saw that regular prescribing reviews were undertaken. Staff provided specific medicine advice to patients and carers.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff were able to give examples of changes following incidents, such as the removal of lamps in all bedrooms following a ligature incident. When things went wrong, staff apologised and gave patients honest information and suitable support

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

Good 

Our rating of effective stayed the same. We rated it as good because:

- We reviewed five care and treatment records of acute patients on Wickham ward and Lower Court. Staff assessed the physical and mental health of all patients on admission. Comprehensive pre-admission assessments were completed. When patients were first admitted to the wards, they were seen by a doctor and nurse who completed a comprehensive mental and physical health assessment and recorded this in the patient's notes. Staff developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. Patients confirmed they were involved in developing their care plan and setting goals for their recovery.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Patients had access to psychological interventions recommended by the National Institute for Health and Care Excellence (NICE). This included individual and group support such as cognitive behavioural therapy (CBT), Dialectical behaviour therapy (DBT) and Eye movement desensitisation and reprocessing (EMDR).
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Patients took part in meaningful occupation to develop everyday living skills and could access groups and services within the local community such as the local swimming pool and gym.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. The ward used Health of the Nation Outcome Scales (HONOS) to assess and record patient treatment outcomes.

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

Good 

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff including agency staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation, for example staff worked closely with individual GP's, commissioners and community mental health teams.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them. The service had a Mental Health Act administrator, who staff could contact if they required legal support and advice.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Care records detailed that patients had consented to their care and treatment.

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

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- We observed positive interactions between staff and patients. Interactions were respectful and caring and demonstrated that staff had a good understanding of patient's needs and preferences. During our time on the ward, we observed staff laughing and joking with patients on the ward. Patients told us they had good therapeutic relationships with staff, in particular the permanent staff members.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately and provided them with support when needed. Family and carers were invited to ward rounds with the patient's permission.
- Staff enabled patients to give feedback on the service. Regular satisfaction surveys were carried out and patients also provided feedback at the fortnightly community meeting.

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

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

Good 

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and when patients returned from leave. As part of this inspection we reviewed the model of care for Wickham ward. The models set out the ward's philosophy and set out the admission criteria for the ward. For example, patients that had a current presentation of violence (within one month of admission) did not meet the admission criteria.
- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. The service could meet the needs of patients with disabilities. The service was wheelchair accessible. There was lift access to the service for those requiring it due to disability or acuity of illness. Staff said they could access interpreters, or spiritual support if this was required.
- We reviewed six complaints and their responses as part of the inspection. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Leaders in the service could describe how staff were working to provide safe, high quality care and how the service was striving for excellence.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt positive and proud about working for the provider and their team. Staff described how they felt listened to and that the patient's and all relevant team members' views were considered when it came to delivering care.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Morale was high and staff were positive about the leadership. All staff that we spoke to felt able to raise concerns with the management team. Staff reported that the

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

Good 

management team remained visible throughout the pandemic. The hospital director had recently begun drop-in sessions for staff, where staff were able to meet the hospital director on a one-to-one basis. A recent staff survey had been completed in February 2021. Twenty-one members of staff completed the survey. Seventy-one per cent of staff said that they look forward to coming to work and 95% of staff said that their manager listened to them.

- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well. Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. There was a clear framework for communication, this enabled staff to be kept updated about the service, incidents, complaints and essential information through regular team, clinical governance, and daily hospital meetings.
- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The senior leadership team were aware of areas where improvements could be made and were committed to improving care and treatment for patients.
- Staff engaged actively in local and national quality improvement activities.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Inactive