

The Priory Hospital Roehampton

Quality Report

Priory Lane
London
SW15 5JJ
Tel: 02088768261
Website: www.priorygroup.com

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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

Are services safe?

Are services effective?

Are services well-led?

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.

Summary of findings

Overall summary

We inspected this service in November 2017 as part of our on-going comprehensive mental health inspection programme. As a result of our findings at the inspection in November 2017, we served the provider with a letter of intent to take immediate enforcement action under section 31 of the Health and Social Care Act 2008 regarding the safety of patients receiving treatment for drug and alcohol use on West Wing.

The provider voluntarily suspended the admission of new patients requiring medically assisted withdrawal to the service and submitted an action plan to the CQC.

We carried out this focussed inspection on 17 January 2018 to check that the provider had followed their action plan and had addressed the issues outlined in the letter of intent.

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

At the November 2017 inspection we found the following concerns:

- Staff had not completed comprehensive physical health checks and drug testing prior to treatment commencing. This included staff carrying out relevant blood tests and pregnancy tests.
- Staff had not comprehensively assessed and appropriately managed patient risk on admission. This included assessing for alcohol related seizures and delirium tremens, completing cognitive assessments prior to treatment commencing and assessing whether the patient is in contact with dependent adults or children.
- Nursing staff had not received specialist training including substance misuse awareness training.
- Nursing staff did not have the correct skills, knowledge and competence to recognise withdrawal symptoms and complete relevant withdrawal tools accurately. This included staff recording how they come to a decision to administer a specific dose to a patient requiring PRN (as required) medication.

- The service did not have governance systems to assess, monitor and improve the quality and safety of the service.

At this inspection, we found that the service had made the following improvements:

- Staff completed drug testing on admission and then randomly on a twice weekly basis.
- Staff completed comprehensive physical health checks on admission including blood tests and pregnancy tests.
- The provider had developed a pre-admission in-patient risk screen and updated the nursing and doctor's admission checklists. Doctors would complete a face-to-face assessment prior to admission. The provider had also developed an addictions nursing assessment aide memoir.
- The provider had developed "see the adult, see the child" guidance to assess safeguarding risks for patients in contact with children. The provider updated the pre-admission in-patient risk screening to assess whether the patient had children and any current safeguarding issues. In the three patient records we reviewed, staff had documented whether there were any safeguarding concerns; however, staff had not always completed the record on admission.
- Nursing staff completed one-day training on substance misuse. However, the provider must ensure they deliver training on a regular basis and includes specialist information on substance misuse.
- The provider had developed an algorithm to use with a withdrawal tool to provide nursing staff with guidance on the administration of PRN (as required) medication. Nursing staff completed a medically assisted withdrawal competency checklist and were knowledgeable about when to administer PRN medication.
- The provider completed regular emergency scenarios with staff on the ward.
- The provider had implemented governance systems to assess, monitor and improve the quality of the

Summary of findings

service including regular audits, internal compliance reviews, reviewing risk at the clinical governance meeting and quality at the weekly learning outcomes group.

We also found the service should continue to make the following improvements:

- As the provider had only recently ratified their updated withdrawal policy, the provider needed to ensure staff understood and applied the new policies and procedures in practice.
- As the provider had voluntarily stopped admitting new patients who required medically assisted

withdrawal, the provider needed to embed the implementation of the new admission process and monitor the staff team's ability to support patients undergoing the new withdrawal process.

- The provider also needed to embed the implementation of the new governance systems to assess, monitor and improve the quality of the service.
- Ensure learning and improvements are shared across the provider's other residential detoxification services.

Summary of findings

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The Priory Hospital Roehampton

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to The Priory Hospital Roehampton

The Priory Hospital Roehampton is an independent hospital that provides support and treatment for people with mental health needs, eating disorders, and drug and alcohol addictions.

West Wing is a private mixed acute psychiatric admission ward and a ward for people participating in the addictions therapy programme. It provides beds for up to 21 patients.

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

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury

The service had a registered manager employed at the hospital.

Our inspection team

The team that inspected the serviced comprised one CQC inspector, one CQC inspection manager and a specialist advisor with a professional background in substance misuse.

Why we carried out this inspection

We inspected this service in November 2017 as part of our on-going comprehensive mental health inspection programme. As a result of our findings at the inspection in November 2017, we served the provider with a letter of intent to take immediate enforcement action under section 31 of the Health and Social Care Act 2008 regarding the safety of patients receiving treatment for drug and alcohol use on West Wing.

The provider voluntarily suspended the admission of new patients to the service and submitted an action plan to the CQC.

We carried out this focussed inspection on 17 January 2018 to check that the provider had followed their action plan and had addressed the issues outlined in the letter of intent.

How we carried out this inspection

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

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

As this was a focussed inspection, we looked at areas where there had been a previous breach of regulations. We only looked at specific parts of the service being safe, effective, caring, responsive and well led. Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited the ward and observed how staff were caring for patients
- spoke with the hospital director, director of clinical services and ward manager

Summary of this inspection

- spoke with seven other staff members including the consultant psychiatrist, health care assistants, junior doctors and nurses
- reviewed three patients' care records
- looked at a range of policies, procedures and other documents relating to the running of the ward

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 do not currently rate substance misuse/detoxification services.

We found the service provider had made the following improvements:

- The provider required the consultant psychiatrist to complete a face-to-face assessment with all patients requiring detox and a pre-admission risk screening form. Nurses also completed a medically assisted withdrawal competency checklist.
- The provider had developed guidance and updated the pre-admission form to assess safeguarding risks for patients in contact with children.
- The provider's medically assisted withdrawal policy included that staff should complete a brief cognitive assessment on admission. However, this was not included in the updated doctor's or nursing admission checklist.
- The provider had developed an algorithm to use with a withdrawal tool to provide nursing staff with guidance on the administration of PRN (as required) medication. Nursing staff completed a medically assisted withdrawal competency checklist and were knowledgeable about when to administer PRN medication.

We found the following issues that the service provider needs to continue to improve:

- As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff completed the new admissions procedures, assessment of safeguarding risks, used the withdrawal tool and administered PRN medication in practice.
- Despite the new guidance, documents showed that staff did not always record safeguarding concerns promptly.

Are services effective?

We do not currently rate substance misuse/detoxification services.

We found the service provider had made the following improvements:

- Staff completed full physical health assessments on admission including blood and pregnancy tests. Staff used the national early warning score chart to monitor physical health. The provider had

Summary of this inspection

created a new tab to document physical health in patients' electronic care records. The provider had developed an admission tracker to ensure staff completed all required assessments and documents.

- Staff completed drug and alcohol testing on all patients on admission and randomly on a twice weekly basis. The provider had updated their admission checklist and daily 'flash meeting' document to prompt drug and alcohol testing.
- Staff used a recognised withdrawal tool.
- The provider had recently updated and ratified their medically assisted withdrawal policy to reflect national guidance and best practice.
- Staff had completed one-day training on substance misuse. The provider was in the process of implementing a rolling specialised addictions training programme across all of the provider's addictions therapy programme sites. Staff participated in emergency scenarios on the ward and staff debriefed to discuss learning. The provider was supporting some staff to attend external specialist accredited courses in substance misuse.
- Nursing staff had completed the medically assisted competency checklist. The provider planned to review the competencies annually and to provide refresher training for nurses to make sure they were competent in the areas identified. Nurses had a more consistent understanding of completing the withdrawal tool and administering PRN medication.

We found the following issues that the service provider needs to continue to improve:

- As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff completed the physical health assessment and alcohol and drug testing on admission, used the withdrawal tool, applied the new guidance on medically assisted withdrawal policy and applied learning from training and competencies in practice.

Are services well-led?

We do not currently rate substance misuse/detoxification services.

We found the service provider had made the following improvements:

- The provider had implemented procedures to address the issues raised in our last inspection. The provider completed internal compliance reviews, reviewed risk at the clinical governance meeting and quality at the weekly learning outcomes group.

Summary of this inspection

- The hospital director had circulated updated national guidance to all medical staff. The provider assessed all clinicians' against national guidance and best practice. The provider had reviewed the on-call doctors' rota to ensure patients requiring detox were admitted safely. Staff completed regular audits including physical health assessments, physical observations, admission assessment, nursing competencies and a monthly audit of a sample of ATP patients.
- The provider had recently updated and ratified their guidance for medically assisted withdrawal policy to include good practice and national guidance.
- The provider had taken sufficient action to complete their action plan and address the concerns we identified in the last inspection.

We found the following issues that the service provider needs to continue to improve:

- As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff applied the updated governance systems to assess, monitor, and improve the quality and safety of the service in practice. This included ensuring they fully embed the new policies and procedures and staff learning into the service and that learning is shared across the provider's other residential detoxification services.

Substance misuse/detoxification

Safe

Effective

Well-led

Are substance misuse/detoxification services safe?

Assessing and managing risk to patients and staff

- During the November 2017 inspection, we found that whilst the service had a risk assessment tool in place within the electronic care records, staff did not always ensure that they explored all areas of risk for patients undergoing the detoxification programme. During this inspection, we found the provider's policy required the consultant to complete a face-to-face assessment with all patients requiring detox and complete a pre-admission risk screening form. Nurses also completed a medically assisted withdrawal competency checklist. As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff applied this in practice.
- During the November 2017 inspection, we found that staff did not always ensure that they risk assessed patients who had or were in contact with vulnerable children and adults. During this inspection, we found the provider had developed "see the adult, see the child" guidance as an addendum to the doctor's admission checklist to assess safeguarding risks for patients in contact with children. The provider required all rotational doctors to provide their NHS safeguarding completion certificates. The provider updated the pre-admission inpatient risk screening to identify whether the patient had children and any current safeguarding issues. The safeguarding lead planned to deliver regular safeguarding sessions during team meetings. In the three patient records we reviewed, staff had documented safeguarding concerns. However, staff recorded one entry eleven days after admission and another entry was four days after admission.
- During the November 2017 inspection, we found that staff did not consistently carry out brief cognitive assessments on patients admitted for alcohol detoxification. During this inspection, the provider had

revised their medically assisted withdrawal policy it required staff to complete a brief cognitive assessment on admission. As the provider had not admitted any new patients requiring detoxification, we could not check how staff applied this in practice. However, we noted the policy change was not reflected in the updated doctor's or nursing admission checklist.

- During the November 2017 inspection, we found that staff handled and stored medicines safely, but they did not always ensure that they sufficiently recorded the decision making process for the administration of medicine to a patient. During this inspection, the provider had developed an algorithm to use with a withdrawal tool to provide nursing staff with guidance on the administration of PRN (as required) medication. Their new policy required nursing staff to complete a medically assisted withdrawal competency checklist and be knowledgeable about when to administer PRN medication. As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff applied this in practice.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- During the November 2017 inspection, we found that medical staff did not always complete good quality initial assessments and carry out appropriate physical health checks. During this inspection, we reviewed three patients' care records. Staff completed full physical health assessments on admission including blood and pregnancy tests. Staff used the national early warning score (NEWS) chart to monitor physical health. The provider had created a new tab to document physical health in patients' electronic care records. The provider had developed an admission tracker to ensure staff completed all required assessments and documents.

Substance misuse/detoxification

- During the November 2017 inspection, we found that staff did not always ensure that prior to treatment commencing and during admission, patients completed alcohol and drug testing. During this inspection, we reviewed three patients' care records. Staff completed drug and alcohol testing on all patients on admission and randomly on a twice weekly basis. Staff documented one occasion where the patient had declined to provide a sample on admission but completed testing after admission. The provider had updated both their admission checklist and daily 'flash meeting' document to make sure drug and alcohol testing took place. Managers from across the hospital attended the flash meeting to identify and discuss risk.

Best practice in treatment and care

- During the first part of inspection on 9 and 10 November 2017, staff used the provider's own version of an alcohol and drug withdrawal tool. The tools were used to assess the severity of patients' withdrawal symptoms. At the time of the second part of the inspection on 21 November 2017, the ward manager reported that staff now used recognised withdrawal tools only such as CIWA-Ar (clinical institute withdrawal assessment for alcohol) and COWS (clinical opiate withdrawal scale). This was because the CQC had raised concerns during the first inspection that the scoring guide that related to the withdrawal tools was stored separately and increased the risk that staff might not refer to the guidance to ensure that they were scoring the alcohol and drug withdrawal tool correctly. During this inspection, staff used the CIWA-Ar (clinical institute withdrawal assessment for alcohol). The provider had stopped using COWS (clinical opiate withdrawal scale) to OOWS (objective opiate withdrawal scale) and SOWS (subjective opiate withdrawal scale). While the provider had updated this in the medically assisted withdrawal policy, the provider's medically assisted withdrawal competency checklist still referenced the use of COWS and not OOWS and SOWS. Two staff spoke about using COWS and not OOWS and SOWS as if this was current practice.
- During the November 2017 inspection, staff did not always follow best practice guidance when assessing the severity of a patient's withdrawal symptoms. At the time of the inspection, the provider's version of the 'Guidelines for Medically Assisted Withdrawal' policy did

not clearly demonstrate the decision making process for staff to follow when deciding on the variable dose of medicine to administer to a patient following the completion of a CIWA-Ar (a type of alcohol withdrawal tool). During this inspection, the provider had developed an algorithm for administration of PRN chlorthalidone by nurses. It provided clear guidance for nursing staff about when and what dosage of medication to administer based on each patient's score on the CIWA-Ar. The provider's policy required all staff to complete the CIWA-Ar before administering any withdrawal medication. As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff applied this in practice.

- During the November 2017 inspection, we found the ward manager did not audit the completion of withdrawal tools. The lack of close monitoring of the tools meant that the provider could not be assured that staff scored withdrawal tools accurately and consistently. During this inspection, the provider had implemented monitoring of the completion of the withdrawal tool by the associate director of clinical service on their quality walk around and as part of the ward manager's weekly audit.

Skilled staff to deliver care

- During the November 2017 inspection, the provider expected all qualified nurses to complete a medicine competency assessment as nursing staff had not received specialist training in substance misuse. At that time, staff reported that they had not received any formal training in recognising the signs of alcohol or drug withdrawal symptoms, how to recognise and respond to alcohol induced seizures and delirium tremens, and how to use withdrawal tools. During this inspection, we found staff had completed one-day training on substance misuse. Staff spoke positively about the training. Staff from the provider's other hospital locations also attended training. Staff completed training evaluation forms and the provider had started to collect more specific feedback on the learning from the course. The provider updated the new starter induction programme to include an addictions pathway slot for all staff and a more in depth induction for West Wing staff. The provider was in the process of implementing a rolling specialised addictions training

Substance misuse/detoxification

programme across all of their addictions therapy programme sites. Staff participated in emergency scenarios on the ward and staff debriefed to discuss learning. The provider completed written feedback about the scenarios. However, not all staff were aware of the written feedback particularly if they were not on the ward when a scenario occurred. The provider was supporting some staff to attend external specialist accredited courses in substance misuse.

- By the end of our inspection in 21 November 2017, the provider had implemented a 'medically assisted competency checklist'. However, the learning from this had not yet been embedded into nursing practice. Nursing staff had a varied understanding about completing CIWA-Ar (Clinical Institute Withdrawal Assessment of Alcohol Scale) forms and interpreting the total scores. Staff did not use the CIWA-Ar total score to guide the PRN dosage administered to the patient. During this inspection, nursing staff had completed the medically assisted competency checklist. The provider planned to review and update the competencies and nursing staff would refresh their competencies annually. Nurses had a more consistent understanding of completing the CIWA-Ar and administering PRN medication. The provider needed to ensure they embedded how staff applied this in practice.

Are substance misuse/detoxification services well-led?

Good governance

- During the November 2017 inspection, the governance system in place did not proactively focus on the risks inherent in drug and alcohol detoxifications. We found that patients did not receive a full medical assessment on admission, nor did they receive appropriate physical health checks prior to treatment commencing and staff lacked sufficient skills and knowledge to meet the needs of patients. These issues had not been identified by the provider. During this inspection, the provider had implemented procedures to address the issues raised in our last inspection. The new policies required consultant psychiatrists to complete a face-to-face

assessment for all patients requiring detoxification. The provider had developed pre-admission inpatient risk screening form and updated the doctor's and nursing admission checklists. Staff completed full medical and physical health assessments on admission. Staff had completed training and nursing staff completed withdrawal competencies. The provider completed internal compliance reviews, reviewed risk at the clinical governance meeting and quality at the weekly learning outcomes group. As the provider had not admitted any new patients requiring detoxification, the provider needed to embed how staff applied this in practice.

- During the November 2017 inspection, there was a lack of effective leadership in the addictions service. During this inspection, we saw the hospital director had circulated updated national guidance to all medical staff. The provider assessed all clinicians against national guidance and best practice. The provider had reviewed the on-call rota to ensure patients requiring detox were admitted by a consultant who met national guidelines and competencies. The medical director, associate medical director, associate director of clinical services and ward manager completed regular audits including audits on physical health assessments, physical observations, admission assessment, nursing competencies and a monthly audit of a sample of ATP patients. However, as these systems were newly implemented, there was not enough evidence to demonstrate how audit findings improved practice.
- During the November 2017 inspection, some policies and procedures did not reflect up to date good practice guidance. At this inspection, the provider had recently updated and ratified their guidance for medically assisted withdrawal policy so it was in line with national guidance.
- Following our November 2017 inspection, the provider sent us a detailed action plan which demonstrated how they intended to address the concerns. The provider was committed to ensuring they were addressed within a short timescale. During this inspection, the provider had taken sufficient action to complete their action plan and address the concerns we identified in the last inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff comprehensively assess and appropriately manage patient risk on admission. This includes assessing for alcohol related seizures and delirium tremens, completing cognitive assessments prior to treatment commencing and assessing whether the patient is in contact with dependents or adults.
- The provider must ensure staff have the correct skills, knowledge and competence to recognise withdrawal symptoms and complete relevant withdrawal tools accurately. This includes staff recording how they come to a decision to administer a specific dose to a patient requiring PRN (as required) medication.
- The provider must ensure there are governance systems in place to assess, monitor and improve the quality and safety of the service. This includes

ensuring they fully embed the new policies and procedures and staff learning into the service and that learning is shared across the provider's other residential detoxification services.

Action the provider **SHOULD** take to improve

- The provider should ensure staff continue to complete comprehensive physical health assessments and drug and alcohol testing prior to treatment commencing. This includes relevant blood tests and pregnancy tests
- The provider should ensure the delivery of their rolling training programme includes specialist substance misuse training and is regularly reviewed and updated.
- The provider should ensure patients are assessed for safeguarding risks on admission and records are updated promptly.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that staff comprehensively assessed and appropriately managed patient risk on admission. This included assessing for alcohol related seizures and delirium tremens, completing cognitive assessments prior to treatment commencing and assessing whether the patient is in contact with dependants or adults.</p> <p>As the provider's policies and procedures were newly implemented and they had not admitted any new patients requiring detoxification, there was insufficient evidence to demonstrate the provider had embedded these into practice was no longer in breach of this regulation.</p> <p>This was a continuing breach of regulation 12(1)(2)(a)(b)(c)(i).</p>
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not ensure that there were governance systems in place to assess, monitor, and improve the quality and safety of the service. This included ensuring they fully embed the new policies and procedures and staff learning into the service and that learning is shared across the provider's other residential detoxification services.</p> <p>As the provider's policies and procedures were newly implemented and they had not admitted any new</p>

This section is primarily information for the provider

Requirement notices

patients requiring detoxification, there was insufficient evidence to demonstrate the provider had embedded these in practice and was no longer in breach of this regulation.

This was a continuing breach of regulation 17(1)(2)(a)(b).

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that staff had the correct skills, knowledge and competence to recognise withdrawal symptoms and complete relevant withdrawal tools accurately. This included staff recording how they come to a decision to administer a specific dose to a patient requiring PRN (as required) medication.

As the provider's policies and procedures were newly implemented and they had not admitted any new patients requiring detoxification, there was insufficient evidence to demonstrate the provider had embedded these into practice was no longer in breach of this regulation.

This was a continuing breach of regulation 18(2)(a).