Priory Rehabilitation Services Limited

The Priory Hospital Heathfield

Inspection report

Tottingworth Park
Broad Oak
Heathfield
TN21 8UN
Tel: 01435864545
www.priorygroup.com

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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	Requires Improvement
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

On 2 December 2020 the Care Quality Commission undertook an unannounced comprehensive inspection of The Priory Hospital Heathfield to look at the improvements made to the service following our previous inspection visits on 12 June, 14 July and 2 September 2020.

Previously, the Priory Hospital Heathfield was inspected in June 2018. At that time the hospital was registered as a care home, therefore it was inspected using our adult social care methodology. During the inspection in 2018, Priory Hospital Heathfield was rated good overall and good in all five domains.

Provider has now redesigned the service and is now operating it as a hospital. These ratings were suspended following the inspection we undertook on 14 July 2020, because the service was inspected under a different inspection methodology and were not a true reflection of the quality of care.

Our rating of the Priory Hospital Heathfield went down. We rated this service as requires improvement because:

• Staff did not always meet the communication needs of all patients. Staff were not using communication aids to support patients with communication difficulties.

• The hospital did not provide a range of treatments suitable to the needs of the patients cared for in mental health rehabilitation wards and in line with national guidance about best practice. We found limited evidence of individualised therapeutic input and rehabilitation focused care.

• Staff did not always ensure that care plans were personalised and that patients' monitoring charts were completed thoroughly.

However:

• The service provided safe care. The hospital was clean and tidy and the wards were calm. There were enough nursing staff on both wards and they were spending time with the patients.

• There was a new leadership team in place at the hospital who had the experience, knowledge and skills to manage the service.

• Staff managed medicines safely and followed good practice with respect to safeguarding.

• Staff treated patients with compassion and kindness and respected their privacy and dignity. All staff interactions that we observed with patients were caring and respectful, and patients spoke mostly positively about staff.

• Staff access to paper-based and electronic clinical information had improved since our last inspection visit and these records had been kept up to date. Patients' physical health and basic care monitoring forms and charts had been individualised and streamlined.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to The Priory Hospital Heathfield

The Priory Hospital Heathfield is a specialist neurorehabilitation service that provides post-acute neurobehavioural rehabilitation for people with an acquired brain injury as well as offering long term care and support to people with complex needs relating to progressive neurological conditions.

The Priory Hospital Heathfield is registered to provide the following regulated activities:

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

• Treatment of disease, disorder or injury.

A new hospital director had commenced employment in October 2020 and had applied to be the registered manager with the Care Quality Commission. The service had also recently recruited a long-term locum ward manager. During the inspection there were six patients on Holman ward and eight on Boyce ward.

We carried out an unannounced comprehensive inspection at the Priory Hospital Heathfield on 2 December 2020. This was following focused inspections carried out on 12 June, 14 July and 2 September 2020. Following the inspection in June 2020, we wrote to the provider regarding our intent to use our powers under Section 31 of the Health and Social Care Act 2008 about our serious concerns regarding the safety and patient care at the Priory Hospital Heathfield. The provider responded to our letter with an action plan that told us what actions they were taking to address the concerns raised.

We returned to the hospital in July 2020 to review progress against the actions the provider told us they were taking to address the concerns in the Section 31 letter of intent. On 15 July 2020, following our second visit, we served the provider an urgent notice of decision to impose conditions on their registration under Section 31 of the Health and Social Care Act 2008. We took this urgent action as we believed that a person would or may have been exposed to the risk of harm if we did not do so.

On 4 September 2020, following our third visit, we served the provider a new urgent notice of decision to impose conditions on their registration under Section 31 of the Health and Social Care Act 2008. We were concerned that the provider had not appropriately reviewed and monitored the patients' records, in accordance with the conditions we imposed on their registration on 15 July 2020.

During this inspection visit on 2 December 2020, we found that the provider had met the conditions imposed on their registration on 4 September 2020, but needed to strengthen the work they had done in relation to supporting patients with their communication needs.

How we carried out this inspection

The team that inspected the hospital comprised four CQC inspectors, one specialist advisor and an expert by experience.

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

Summary of this inspection

During the inspection we looked at the quality of the ward environments, observed how staff were caring for patients and spoke with patients who use the service and some family members.

We looked at all the physical health and basic care monitoring forms and charts which were kept on the wards; looked at eight electronic care and treatment records of patients and reviewed a range of documents relating to the running of the service.

We also attended the morning multidisciplinary team meeting, spoke to the hospital's management and to staff members, including members of the multi-disciplinary team.

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 provider MUST take is necessary to comply with its legal obligations. Action a provider 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.

We told the provider that they MUST take the following action:

• The provider must ensure that all care planning is rehabilitation and recovery focussed and updated in accordance with its policy (Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014).

• The provider must ensure that a comprehensive programme of rehabilitation and recovery orientated activities is provided to meet the needs of all patients (Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014).

• The provider must ensure that staff are aware of patients' communication needs and use any tools needed to aid communication with patients. The provider must provide appropriate training to staff in using communication aids (Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014).

We told the provider that they SHOULD take the following action:

• The provider should ensure that the ligature risk assessments for each ward are appropriately reviewed to include specific control measures relevant to each identified risk.

• The provider should ensure that staff always complete physical health and care monitoring forms and charts.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good

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

• All wards were safe, clean, well equipped, well-furnished and fit for purpose. We saw evidence of environmental and equipment checks. Staff made sure cleaning records were up-to-date and the premises were clean. The locations of the nursing offices made it difficult for staff to fully monitor all parts of the wards, but there were enough staff to observe patients in all areas. Staff had easy access to alarms and patients had easy access to nurse call systems.

• The service had enough nursing staff who knew the patients and received basic training to keep patients safe from avoidable harm. Managers monitored mandatory training and alerted staff when they needed to update their training. Face-to-face training for the staff had been difficult to organise during the Covid-19 pandemic, although the hospital informed us that they had now been looking to restart that training. The hospital had recently carried out a training needs analysis and an annual competency assessment process has been implemented for all nurses and support workers. The hospital employed long term locum agency staff to cover vacancies and requested staff familiar with the service. Managers made sure all bank and agency staff had an induction and understood the service before starting their shift. We saw completed induction checklists for staff.

• Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff followed best practice in anticipating, de-escalating and managing challenging behaviours. During our inspection we found that the hospital had comprehensive behaviour support plans in place for patients who may exhibit challenging behaviours. As a result, restraint and seclusion was rarely used only after attempts at de-escalation had failed.

• 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. We found that staff recognised incidents, recorded and reported them appropriately. Patients told us that they felt safe and able to raise any concerns.

• Staff access to paper-based and electronic clinical information had improved since our last inspection and it was easier for them to maintain. During our previous inspection visit we found that care recording charts, such as food and fluid charts, were completed for all patients without identified clinical reasons. During this inspection we found that care recording charts have been individualised and streamlined.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

• The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. We saw that medications were well controlled and there was minimum use of when needed medications.

However:

• We saw some damp on the walls in the ward corridors, but the hospital was addressing issues and we saw some major repairs taking place on the outside of the building.

• Staff did not always complete thorough ligature risk assessments. We saw ligature risk assessments for each ward identifying risks, but the same control measures were repeated in all assessments.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Requires Improvement

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

• Care plans were not always personalised, holistic and recovery orientated. We found no clear evidence of rehabilitation focused care. We reviewed eight electronic patient care plans and found that the therapies section lacked individualised information and progress note entries were basic. It was difficult to determine what allied health professionals were working towards, what was being delivered for patients and how therapies were evaluating their work. For example, it was hard to identify personalised occupational therapy and physiotherapy input and what staff were working towards on a day to day basis with patients. Multidisciplinary team reviews identified some goals but these appeared more related to funding, or longer-term placement ambitions, rather than working on specific functional abilities.

• Staff did not always provide a range of care and treatment suitable for the patients in the service. We did not see any individualised therapeutic activities for the patients during the inspection, although there were some group activities taking place, such as art sessions. The timetables we saw contained mostly leisure activities or unstructured time. Staff told us that it was a challenge to produce weekly programmes for each patient, but there were plans to introduce more individualised therapeutic activities. Some patients told us that they wanted more and better activities and they were bored.

• The service had not had continuous meaningful input from a full range of specialists to meet the needs of the patients. The provider had identified a need for more psychology input and some staff told us that this and the often staff changes had a negative impact on the quality of care. A family member also told us that the hospital was in need of more psychology input.

• Staff did not always accurately complete patients' food, fluid and repositioning charts. Sometimes these charts were difficult to understand. Whilst staff improved the recording on these charts since our last inspection and the provider had mitigated risks by introducing additional guidance for staff, we still found some inaccurate or missing information. For example, staff did not record on some of the food charts the consistency and the quantity of the food consumed. This meant that staff may not always had the correct information when escalating concerns about patients' individual needs associated with nutrition.

However:

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

• During this inspection we found that staff were now regularly reviewing patients' care records through multidisciplinary discussion and updated as needed.

• Staff identified patients' physical health needs and recorded them in their care plans. Nursing care plans were consistently well written.

• Managers supported staff with appraisals and supervision and provided an induction programme for new staff.

• Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

• Staff assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are Long stay or rehabilitation mental health wards for working age adults 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. During the inspection we saw staff interacting with patients and supporting them with various tasks and leisure activities. The atmosphere on the wards felt calm and settled.

• Staff were discreet and respectful when caring for patients. For example, we saw that staff had liaised with a patient and created a list of things to acknowledge/ remember before entering their bedroom.

• Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

• Staff involved patients in their care planning and risk assessments. Some patients' records indicated that patients were not able to contribute to care planning. However, care plans had reportedly been read to patients when reviewed and described their reactions.

• Staff informed and involved families and carers appropriately. For example, we found that families had been involved in Do Not Attempt Resuscitation processes where applicable. A family member told us that video calls were available to speak to their loved ones.

• Staff made sure patients could access advocacy services. Staff had recently liaised with advocates to improve access. We saw information about advocacy on notice boards, but we had mixed reports from people who used the service. Some patients were aware and were receiving advocacy services whilst others told us that they were not aware of such services.

• Most patients we spoke to told us that they had regular access to one-to-one sessions with staff.

However:

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

• Staff did not always understand the individual needs of each patient. For example, some staff were unable to explain why some patients needed to use certain types of bed mattresses, or why communication aids were not being used.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Requires Improvement

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

• Although we found improvements since our last inspection visit, we could not give a rating higher than requires improvement for this domain, because staff did not always meet the communication needs of all the patients. Some patients required communication aids and these were yet to be put in place.

• The leadership team had identified that some of the patients on the ward required additional communication support from staff through communication aids. The provider had identified what training staff required but this had not been put in place at the time of the inspection.

However:

• We did observe staff interacting with patients, making good eye contact and using appropriate body language.

• Staff planned and managed discharge well, although sometimes discharge was delayed for other than clinical reasons, such as availability and funding of more appropriate placements. The leadership team spoke to us about how the hospital was supporting patients to discharge and during the inspection we found that a patient was on extended leave to another service as part of their discharge plan.

• Staff helped patients to stay in contact with families and carers. All patients we spoke to told us that they had access to a phone to talk to their families.

• The hospital provided a variety of food to meet the dietary and cultural needs of individual patients. All patients and family members we spoke to felt that their cultural needs were being met and there was enough, good quality food.

• The leadership team treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team. The hospital had received one complaint since October 2020 and it had been dealt with promptly. There was also a record of compliments received, which reflected the recently implemented improvements.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement because:

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

• Although we found that the new leadership team had taken a number of positive steps since commencing employment at the hospital, these improvements were relatively new and required embedding into practice.

• Our findings from the other key questions demonstrated that governance processes did not always operate effectively at ward level. The leadership team needed to strengthen governance processes to highlight gaps in the care records such as personalisation of care planning and risk assessments and completion of patient monitoring charts.

• The leadership team did not provide a range of care and treatment interventions suitable for the patient group. The current model of care did not include sufficient provision of psychological input, therapeutic activity or focus on rehabilitation of patients. The model of care at the service was under review by the leadership team at the time of the inspection.

However:

• The new leadership team 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. We found that leaders were open and honest and clearly described their plan for implementing improvements and to strengthen quality assurance oversight and governance processes within the hospital. We observed quality ward rounds taking place, we attended a multi-disciplinary meeting and found that there were a range of other meetings taking place, such as clinical governance, senior management and safeguarding.

• The service had recently recruited a long-term locum ward manager to strengthen oversight arrangements. The hospital had also introduced 'Primary Nurse' roles and responsibilities to create a clearer accountability structure.

• Most of the staff members we spoke to felt positive about the recent changes introduced by the new management and felt valued and supported. They also told us that staff morale had improved.

• Ward teams had access to the information they needed to provide safe care and they used that information to good effect.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • The provider must ensure that all care planning is rehabilitation and recovery focussed and updated in accordance with its policy. • The provider must ensure that a comprehensive programme of rehabilitation and recovery orientated activities is provided to meet the needs of all patients. • The provider must ensure that staff are aware of patients' communication needs and use any tools needed to aid communication with patients. The provider must provide appropriate training to staff in using communication aids.