

The Priory Hospital Hemel Hempstead

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated Priory Hospital Hemel Hempstead as good because:

- There were robust environmental risk assessments, and the hospital complied with single sex accommodation. Wards were clean and tidy, furnishings were high quality and well maintained. There were adequate rooms and space for a full range of activities to take place including quiet rooms for patients to relax in and have family visits.
- Patients and staff told us that staffing levels were good across the hospital, and escorted leave and ward activities rarely cancelled. Where bank and agency staff had to be used staff and patients knew them well.
- Bed management was effective.
- The service employed a full range of experienced staff and communication between staff members was effective. There was good medicines management with a visiting pharmacist providing staff with training and advice
- Staff treated patients with kindness, respect, and showed commitment to providing high quality care.
- Staff routinely reviewed and updated risk assessments and care, including physical health care needs. Patients were encouraged to be involved in their care panning. All information required to deliver good care was stored safely on an electronic database.
- Patients told us the food was good, a dietician, and speech and language therapist ensured patients' nutritional needs and special diets were catered for.
- Prior to admission prospective patients and their carers were invited to visit the hospital.
- There were regular ward community meetings, and patient forums, patients were invited to contribute their ideas about the day-to-day running of the wards.
- Patients had their rights under the Mental Health Act explained regularly, and were helped to access independent mental health advocates and general advocacy services.
- There was disabled access around the hospital. Patients received a comprehensive information pack including access to advocacy, how to make a complaint, and an explanation of patients' rights under the mental health act.
- There was information in the communal areas showing how to access local amenities, and a wards activity program.
- Managers dealt with incidents and complaints promptly. Managers shared the lessons learned from investigations with staff across the hospital. There were no incidents of seclusion and staff had received training to use de-escalation strategies.
- The hospital was well led and had a clear vision and values. Staff morale was good and the provider used key performance measures to monitor and maintain high standards of care.
- There was an extensive training programme to develop and maintain staff leadership and clinical skills. There was a commitment from managers and staff towards continual improvement and innovation through learning.

However:


- A blanket restriction was in place on Dove ward to enable staff to mitigate the risk for two patients when using the kitchen. However, it was evident that senior managers had not reviewed this restriction in line with the code of conduct.
- While care plans and risk assessments were personalised, staff had not used a recognised recovery approach model. Care plans did not reflect patients' strengths, and the risk assessments did not reflect positive risk taking.

Summary of findings

- 85% of staff had completed Mental Capacity Act (MCA) training, and 91% of staff had trained in Mental Health Act (MHA). This was short of the providers target of 95%.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Good



Priory Hospital Hemel Hempstead

Services we looked at

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

Summary of this inspection

Background to The Priory Hospital Hemel Hempstead

Priory Hospital Hemel Hempstead is part of the Priory Healthcare Limited group of hospitals.

Priory Hospital Hemel Hempstead is a locked rehabilitation hospital that provides care and treatment for people who are experiencing complex mental health problems, and who may be detained under the Mental Health Act 1983.

The hospital has 38 inpatient beds, across three wards and offers psychiatry, psychology, rehabilitation, and wellbeing therapies. At the time of this inspection, there were 30 patients and 23 of these were detained under the Mental Health Act 1983.

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

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

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

The CQC first registered Priory Hospital Hemel Hempstead in February 2011. The CQC has inspected the provider on three occasions. The last inspection on 01 August 2013 showed that the hospital was compliant with all the regulations inspected at the time. There have also been four Mental Health Act visits between 01 January 2014 and 10 February 2016.

Our inspection team

The team that inspected the service consisted two CQC inspectors, an assistant inspector, a pharmacist, a specialist advisor and a mental health expert by

experience. An expert by experience is a person who has lived experience of mental health conditions, or who is a carer for someone who has experienced mental health problems.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, and asked a range of other organisations for information. We provided comment boxes for patients, carers, and staff to express their opinions confidentially if they wished.

During the inspection visit, the inspection team:

- Visited all three wards at the hospital, looked at the quality of the ward environment, and observed how staff were caring for patients.
- Spoke with nine patients who were using the service.

Summary of this inspection

- Interviewed four senior managers including the hospital director / registered manager.
- Spoke with 18 other staff members, including the responsible clinician, a general practitioner, a human resources advisor, three ward managers, nurses, a psychologist, an occupational therapist, a dietician, a speech and language therapist, a physiotherapist, a pharmacist, and support workers.
- Carried out one staff focus group.
- Received feedback about the service from three carers.
- Reviewed 32 comment cards.
- Reviewed in detail 12 care and treatment records of patients, including Mental Health Act paperwork.
- Reviewed 18 staff records.
- Observed a multidisciplinary team meeting.
- Carried out a specific check of medication management and the clinic room.
- Examined a range of policies, procedures and other documents about the running of the service.

What people who use the service say

- We spoke with nine patients who were using this service.
- We did not receive any negative comments from stakeholders involved with Priory Hospital Hemel Hempstead. We received and reviewed 32 comment cards from patients, carers and five staff members who use and work for Priory Hospital Hemel Hempstead.
- Patients told us they felt safe and cared for at the hospital. They said they had been involved in their care planning, and had opportunity to contribute to activity planning, and day to day running of the ward through the ward community meetings and the patients' forum meetings.
- Patients said they had been able to personalise their bedrooms and other communal areas of the hospital with support from staff.
- Three carers told us staff had been supportive of them and their own needs as the patient's carer. One carer stated that when they had raised an issue they had felt listened to and the issue has been resolved.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good for the Priory Hospital Hemel Hempstead because:

Good



- Environmental risk assessments were complete and up to date. Staff carried personal alarms and patients could use emergency call systems. Wards complied with Department of Health guidelines on mixed sex accommodation. There were no seclusion rooms.
- Clinic areas were clean and tidy, with accessible emergency equipment. Communal areas were clean and well furnished, equipment well maintained. Cleaning records were up to date and staff complied with infection control procedures.
- There was good medicines management. A visiting pharmacist monitored prescribing practice.
- Staff and patients told us they felt there was good staff presence on the ward, including a qualified nurse on duty for every shift. The provider monitored staffing levels daily to ensure they could meet the needs of patients. When bank and agency staff had to be used to cover shifts the provider used staff known to the service and patients.
- Patients had regular 1:1 time with their named nurse, staff rarely cancelled leave and ward activities.
- A registered general nurse and sessional general practitioner offered patients physical health checks. Staff addressed issues such as falls and ulcers, the registered nurse and physiotherapist offered staff advice to manage these issues. Staff had easy access to both a psychiatrist and a general practitioner when required.
- There were nine incidents of restraint on seven individual patients with no incidents of prone restraint. The provider did not use rapid tranquilisation. Staff used de-escalation strategies before using restraint measures.
- Staff carried out risk assessment on all new admissions. All care plans we looked at had complete and up to date risk assessments. One informal patient was able to leave the ward when they wanted.
- Eighty-eight percent of staff had completed mandatory training. Ninety-one percent of staff had trained in safeguarding and all

Summary of this inspection

staff we spoke with knew how to make a safeguarding alert. There had been 36 reported serious incidents between March 2015 and January 2016. Management had fully investigated all incidents.

- Staff we spoke with knew how to report incidents, and were open and honest with patients and carers when things went wrong. Systems were in place for recording and feeding back outcomes from incidents.
- Staff told us the psychologist and team managers offered debrief sessions following serious incidents. We saw evidence that managers had made changes following reported incidents

However:

- Staff did not use a recognised recovery focussed risk assessment tool that reflected positive risk taking.

Are services effective?

We rated effective as good for the Priory Hospital Hemel Hempstead because:

- We reviewed twelve care records, all records contained full and comprehensive assessments of patients care needs on admission. Staff had updated the assessments in a timely manner thereafter. Patient's medication charts followed National Institute for Health and Care Excellence (NICE) guidelines for medication and prescribing.
- Patients were able to access psychological and rehabilitation therapy. The dietician and speech and language therapist assessed and met patients' hydration and nutritional needs. The provider used health of the nation outcome scores (HoNOS).
- Staff participated in clinical audit as required. The service employed a full range of mental health and health care disciplines, all of whom had input into the wards. All staff met the required levels of training and experience for the posts they held, all received appropriate induction for their roles.
- One hundred percent of staff had in date annual appraisal. Staff said they were able to access specialist training when required, and managers addressed poor staff performance promptly.
- Staff received regular supervision and accessed weekly multidisciplinary team meetings. We saw effective handovers

Good



Summary of this inspection

within the teams. Staff reported good working relationships with external teams and organisations. We saw evidence of care planning meetings that included social workers and community psychiatric nurses from other agencies.

- Staff had good understanding of the principles of MHA and revised code of practice. Consent to treatment and capacity assessments were stored appropriately. Patients had their rights under the MHA explained on admission and routinely thereafter. Patients had access to independent mental health act (IMHA) services, and staff knew how to access IMHA support for patients when required. Staff completed detention paperwork correctly and in a timely manner and stored this safely. We saw evidence of managers completing regular MHA audits.
- Staff had good understanding of how the principles of MCA applied to their work roles, including restraint and consideration of deprivation of liberty safeguard (DoLS) applications.
- There had been eight deprivation of liberty safeguard application in the previous six months, seven of which had been granted. We saw the providers policy relating to MCA and staff knew how access this. We saw decision specific capacity assessments; staff had given patients assistance to engage in the process, before patients were assumed to lack mental capacity. Where lack of capacity to consent had been determined, we saw evidence of best interest meetings having taken place.

However:

- Eighty-five percent of staff had completed Mental Capacity Act (MCA) training, and Ninety-one percent of staff had trained in Mental Health Act (MHA), this was short of the providers' target of 95%.
- While care plans were personalised staff had not used a recognised recovery approach model and therefore the care plans were not recovery orientated or reflected patients' strengths.

Are services caring?

We rated caring as good for the Priory Hospital Hemel Hempstead because:

- We observed staff interacting with patients in a caring and respectful manner, patients confirmed this, and staff showed understanding of patients' needs.

Good



Summary of this inspection

- We saw how patients, and where applicable carers, had been involved with staff to formulate their care plans on admission and then at regular intervals during care planning meetings and one to one sessions with their named nurse.
- Patients knew how to access advocacy services. They told us how they had been involved in decisions about the day-to-day running of the wards, including patient representation at the senior management meeting.
- Four of the twelve health care records we looked at had advanced decisions or similar documents present.

Are services responsive?

We rated responsive as good for the Priory Hospital Hemel Hempstead because:

- Bed occupancy on Wren ward was 65%, Dove ward 93%, and Robin ward 93%. Priority for beds was given to people living in the catchment area. Staff did not use leave beds for new admissions, and staff did not move patients between wards unless clinically indicated. There was access to appropriately located intensive care beds when required.
- We saw a full range of rooms and equipment to support care and treatment. Patients had access to outside areas, and quiet areas on the wards for personal relaxation and family visits. Patients could use their own mobile telephones for private calls. Prior to admission staff invited prospective patients to look around the hospital and ask questions about what they could expect
- There was access for disabled people. New patients received a comprehensive information pack on arrival at the hospital. Information was available to patients on the wards including how to access information in other languages, access to interpreters and how to access local activities, amenities, and services.
- Patients said the quality of the food was good and the choice available met dietary and cultural requirements. Patients were able to personalise their bedrooms, and had somewhere secure to store valuables. There was access to activities seven days per week.

However:

- The hospital had a good track record of managing complaints. Data showed they had received 2 complaints in the previous twelve months, one of which had contained 25 separate

Good



Summary of this inspection

complaint issues. Managers had dealt with the complaints efficiently. During the previous three years, only two complaints had been referred to the ombudsman and both had been upheld.

- We saw recorded evidence of complaints from patients, and how staff had responded to these complaints. Staff and patients had discussed outcomes through the patient forum and the community meetings. Staff received feedback from investigations into complaints and made changes accordingly.
- A blanket restriction was in place on Dove ward to enable staff to manage the risk for two patients when using the kitchen. However, it was evident that senior managers had not reviewed this restriction in line with the code of practice.

Are services well-led?

We rated well-led as good for the Priory Hospital Hemel Hempstead because:

- Staff knew and agreed with the organisations vision and values. Individual staff and team objectives reflected the organisations values. Staff knew who their senior managers were and confirmed senior managers visited the unit.
- There were opportunities for staff to develop leadership skills and enhanced clinical skills. Staff told us job satisfaction, sense of empowerment to develop their roles and team working was good. Staff confirmed that when problems did arise within the team managers addressed these effectively. Staff did not report any cases of bullying, victimisation, or harassment. Staff knew about the whistle blowing policy and felt able to use this if required.
- The service was well led at ward level and by the hospital director. One hundred percent of staff had received appraisal and regular supervision. Staff and patients told us they felt there were sufficient numbers of staff of the right grades and experience on duty at any given time.
- Staff were encouraged to maximise their time on the wards providing care and treatment to patients, and staff participated in clinical audits as required. Staff used creative ideas to involve patients in all aspects of the service.
- The provider used key performance indicators to gauge the performance of staff and their teams, and implemented action plans when indicated. Managers stated they have sufficient authority to carry out their roles effectively, and staff had the ability to report things to the organisations risk register.

Good



Summary of this inspection

- Managers and staff had commitment towards continual improvement and innovation. The service participated in several quality improvement programmes, staff experience improvement objectives, and audits.
- The service had been responsive to feedback from patients, staff, and external agencies. Staff gave us examples of times they had been open and honest when things had gone wrong, and knew how and when to give feedback to managers on service developments.

Detailed findings from this inspection

Mental Health Act responsibilities

- Across all wards, there were 23 detained patients, and one informal patient.
- The provider submitted data up to February 2016 showing 91% of staff had completed Mental Health Act Training (MHA). Most of the staff we spoke with had a good understanding of the MHA, revised Code of Practice guiding principles. All staff we spoke with knew how to access further advice if needed.
- Managers had updated their policies in line with the revised code of practice and carried out audits of MHA papers to ensure detentions remained legal. We saw how staff had reviewed and updated section 17 leave forms required. Detention paperwork had been stored securely and filled in correctly. Staff attached consent to treatment forms to medication cards where necessary.
- Patients had their rights read to them in accordance with section 132 of the MHA. Staff read patients their rights regularly and in a way patients could understand.
- Patients had access to independent advocacy services, and staff encouraged them to seek support from this service. The hospital displayed information on access to independent Mental Health Act advocates on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider submitted data up to February 2016 showing 85% of staff had completed mental capacity act (MCA) training, and 84% had completed deprivation of liberty safeguard (DoLS) training. Staff showed understanding of the guiding principles of MCA, and how it affected their working practice. This included how to work within the MCA definition of restraint. There was a policy relating to MCA and DoLS, and staff knew of this policy.
- Data from September 2015 to January 2016 showed that staff had made eight DoLS applications and seven had been granted. There was evidence within audit that managers monitored MCA and MCA and DoLS. At the time of inspection, there were currently six patients on deprivation of liberty safeguard orders (DoLS).
- Where patients might have impaired capacity to consent, the doctor, on a decision-specific basis, would carry out assessments and record the decisions in the care record. Staff told us how they supported patients to make a specific decision for themselves before they assumed to lack the mental capacity to make the decision for themselves.






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Patients told us they felt safe on the wards.
- Staff could not observe all areas on all the three wards. However, the provider had mitigated the risk by having staff carry out 15-minute zonal observations on Robin and Dove wards, and installing CCTV cameras in communal areas of Wren ward. Notices on the walls told people CCTV was in use. Staff were encouraged to stay on the ward and be visible.
- Ligature audits had been completed by staff for the service. Staff in corridors and communal areas had identified ligature points, (ligature points are places to which patients intent on self-harm might tie something to strangle themselves). Staff reduced risk by using environmental risk assessments and provided plans to mitigate risks.
- Wards complied with the Department of Health's guidelines on mixed sex accommodation.
- Wards were clean, and furnishings were of a high standard, well maintained, and had a homely feel. Staff had completed cleaning records of communal areas. There were additional toilet facilities on all ward areas.

- Clinic rooms were clean, tidy, and fully equipped with accessible resuscitation equipment and emergency drugs. Staff regularly checked and calibrated equipment and kept a record of this.
- There were no seclusion rooms on any of the wards. (Seclusion rooms are rooms used for the supervised confinement of a patient for their own safety). Instead of using seclusion, staff used the quiet rooms, de-escalation strategies, or walks in the garden to help patients manage their distress.
- All patients had their own bedrooms, we saw evidence that bedrooms had been personalised by patients, most bedrooms had en-suite facilities.
- Dove and Robin wards had adequate space for patients' activities to be carried out, space for activities, however, on Wren ward space was limited.
- Handwashing posters were visible in wards areas and hand gel dispensers were available at ward entrances. The infection control policy was checked and in date.
- Ward staff carried personal alarms. The estates department checked the alarms regularly to ensure they were working effectively.

Safe staffing

- The provider had used national guidelines for safe ward staffing. they estimated the total number of staff across the three wards at 17 qualified nurses with 13 in post, and 47 nursing assistants with 28 in post. The provider was aware of the shortfall and had active recruitment processes in place. The managers told us it was their priority to have the right people with the right

Long stay/rehabilitation mental health wards for working age adults

Good 

qualifications in post. They explained many of their staff had taken promotions within the organisation, gone onto further professional training, or for personal reasons had transferred to their bank register.

- The provider used their own bank staff appropriately to cover vacant shifts, and enhanced observations. Bank staff, were known to patients and in many cases had previously worked for the priory group. A sample of staff rotas and data confirmed this. Between November 2015 and February 2016 banks staff had covered 663 shifts, and seven shifts had not been filled.
- The provider had not submitted any data relating to sickness levels. Ward managers addressed staffing levels daily to take into account individual patient need and risk.
- Ward managers ensured a qualified nurse was present in communal areas at all times, and patients were actively engaged in therapeutic activities with staff. The care and treatment records we inspected supported this.
- Escorted leave and ward activities were rarely cancelled due to staff shortages. Staff supported patients to attend therapeutic activities when required.
- A consultant psychiatrist and a staff grade doctor shared on call duties during the day and night to provide medical cover to patients. Staff told us they could contact the consultants who attended promptly when required to review treatment plans.
- Data up to February 2016 showed 88% of staff across all disciplines and departments had attended mandatory training, which included basic life support, safeguarding vulnerable adults and children and confidentiality.

Assessing and managing risk to patients and staff

- From August 2015 to January 2016, there were no reported incidents of seclusion or long-term segregation. Staff and managers told us that they tried to anticipate potential risk problems before they occurred.
- Data showed there were nine incidents of restraint on seven individual patients with no incidents of prone restraint. The provider said they did not use rapid tranquilisation. Staff used de-escalation strategies before using restraint measures.

- Staff kept up to date records showing details of the therapeutic interventions used to engage the patient during times of high distress.
- The service had a policy and procedure for carrying out observations, and staff carried out enhanced observations of patients in line with that policy.
- We looked at 12 care records and saw staff had completed individual risk assessments in a timely manner on admission, and again following any potential or actual risk incidents, or multidisciplinary team reviews.
- Risk assessments were complete and in date, however, staff did not use a recognised recovery orientated risk assessment tool. Staff told us they could improve their risk assessments to reflect a more positive risk management approach in line with the hospitals philosophy of being a rehabilitation unit.
- Staff said they did not routinely search patients, and we saw notices at the entrances to wards telling informal patients that they could leave at any time by notifying a member of staff.
- Ninety-one percent of staff had received safeguarding training. Staff we spoke with knew what constituted a safeguarding matter and how to make a safeguarding alert. Evidence of this was seen in the minutes of multidisciplinary team meetings where staff and doctors had discussed safeguarding issues.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. A community-based pharmacist provided pharmacy services and completed medicines management audits monthly. There was evidence that staff checked the fridge temperatures daily on each ward.
- The care records evidenced staff had assessed patient's health care needs regularly. Staff had delivered healthcare treatment in a timely manner, and the provider employed a specialist health care nurse and their own general practitioner GP.

Track record on safety

- Between March 2015 and January 2016, the service had reported 36 serious incidents. Twenty nine incidents

Long stay/rehabilitation mental health wards for working age adults

Good 

related to alleged patient on patient incidents, 5 related to alleged staff on patient allegations, one related to a patient report to the police, one related to a staff on staff allegation.

- Patient satisfaction surveys were reviewed at the time of the inspection.

Reporting incidents and learning from when things go wrong

- Staff recognised and reported incidents using an electronic reporting system, and managers reviewed incidents daily with senior clinicians. Managers used an electronic tracking tool to monitor incidents. The tool included outcomes of incidents, along with when and how managers had provided feedback to staff and patients. This was usually through staff team meetings, supervision and patients' community meetings.
- Managers had made changes to the service following incidents, such as creating a separate entrance to the female ward, limiting access to the kitchen on Dove ward and reassessing patients risk in respect of section 17 leave arrangements.
- Debriefs were available to staff following incidents. The hospital psychologist had recently started to take a lead in these debriefing sessions.
- Evidence showed how managers had investigated incidents appropriately, and the actions they had taken to minimise any re-occurrence.
- Senior managers discussed incidents in the senior managers meeting, and we noted staff had implemented management plans to manage any potential risks to patients and staff.

Are long stay/rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 12 electronic care records showing staff had assessed patient's needs, and delivered care in line

with individual care plans. All the care plans we looked at were complete and up to date, however while they covered most of the patients care needs they were not obviously recovery focussed and did not reflect the patients' strengths or individual preferences. Staff did not clearly document the level of involvement of patients in their care plan or reasons why patients had not been involved.

- We saw completed physical healthcare assessments on admission on seven of the twelve patient records we reviewed. However, there was evidence of continued physical healthcare monitoring on all 12 records by the hospitals healthcare nurse and visiting general practitioner, along with routine observation charts completed by nursing staff.
- Staff kept care records on the providers approved electronic database, and this information was easily accessible to all staff, both permanent and agency.

Best practice in treatment and care

- The patient's medication charts and clinic areas followed the national institute for health and care excellence (NICE) guidelines for medication prescribing and management. The hospital used the services of a community pharmacist to monitor prescribing and offer staff training where indicated.
- We looked at 12 care records and saw how patients received care, treatment and psychological therapy from a range of professionals including nurses, doctors, psychologists, occupational therapists, dietician, and a speech and language therapist.
- Staff registered patients with a local GP practice. The GP attended the hospital twice weekly to hold clinics. Staff referred patients to specialist services for treatment when necessary, for example cardiology and dentistry. The dietician gave healthy eating and weight control advice, and monitored patient's hydration and dietary needs.
- We saw evidence of clinical staff having used recognised outcome measures at the beginning and throughout the patients' admission such as, hospitals anxiety and depression scale (HADS), model of human occupation screening tool (MOHOST), and malnutrition universal screening tool (MUST).

Long stay/rehabilitation mental health wards for working age adults

Good 

- The hospital described themselves as a recovery and rehabilitation service. However, they did not use any specific recovery focused assessments or tools, such as the recovery star or wellness recovery action plans (WRAP). Neither did they routinely use recovery focussed risk assessments that focussed on patients' strengths and positive risk taking.
- Staff participated in clinical audit, including clinical effectiveness with schizophrenia, effectiveness on depression, and preventing suicide using the national patient safety agency (NPSA) tool.

Skilled staff to deliver care

- There was a full range of staff to provide input into the wards including occupational therapists, dietician, physiotherapist, psychologist, speech and language therapist, pharmacist and a general practitioner.
- Clinical staff said the induction programme prepared them to undertake their role. Support workers started to complete the care certificate as part of their induction period, and completed it during their probationary period.
- We reviewed 18 staff records and found all the records we looked at showed staff had the appropriate qualifications and experience. Data for February 2016 showed that 100% of staff had completed their yearly appraisal and we saw evidence that all staff received regular supervision both formal and informal.
- Staff said the provider had supported them to access specialist training and courses. We heard how the provider employed psychology students as health care assistants to gain clinical experience before going onto to complete their psychology degrees. Other staff told us how management had funded them to take up training for qualified nurse roles. We saw evidence of this in the human resources records.

Multi-disciplinary and inter-agency team work

- We saw the minutes and records of effective multidisciplinary team meetings held once weekly.
- Staff explained, how they managed shift handovers effectively, they told us they felt fully informed about patients following shift handovers and we saw documentation supporting these statements.

- We heard about and observed effective working relationships between staff. Examples included the dietician, speech and language therapy and the catering staff, to improve patients' choice and nutrition. Occupational therapists and ward staff working together to maintain a program of therapeutic activity during evenings and weekends, and mental health nurses, general nurse and the GP to enhance and follow through on patients' health care needs.
- Staff told us about their working relationships with outside agencies and other health care providers. We saw evidence in minutes of care planning meetings where community psychiatric nurses, social workers and general practitioners had been involved.

Adherence to the MHA and the MHA Code of Practice

- Across all wards there were 23 detained patients, six patients on deprivation of liberty safeguard orders (DoLS), and one informal patient.
- The provider submitted data up to February 2016 showing 91% of staff had completed Mental Health Act Training (MHA). Most of the staff we spoke with had a good understanding of the MHA, the Code of Practice guiding principles. All staff we spoke with knew how to access further advice if needed.
- Managers carried out audits of MHA papers to ensure detentions remained legal. We saw how doctors regularly reviewed section 17 leave and updated form as required. Detention paperwork was stored securely and filled in correctly. Staff attached consent to treatment forms to medication cards where necessary.
- Patients had their rights read to them in accordance with section 132 of the MHA. Staff read patients their rights regularly and in a way, patients could understand.
- Patients had access to independent advocacy services, and staff encouraged them to seek support from this service. The hospital displayed information on access to independent Mental Health Act advocates on the wards.

Good practice in applying the Mental Capacity Act

- The provider submitted data up to February 2016 showing 85% of staff had completed mental capacity act (MCA) training, and 84% had completed deprivation of liberty safeguard (DoLS) training. Staff we spoke with,

Long stay/rehabilitation mental health wards for working age adults

Good 

understood the guiding principles of the MCA, how it affected their working practice, including work within the MCA definition of restraint. We saw a policy relating to MCA and DoLS and staff knew of this policy.

- Data from September 2015 to January 2016 showed that staff had made eight DoLS applications, seven of which had been granted. We saw audits showing how managers monitored MCA and DoLS.
- Where patients might have impaired capacity to consent, the doctor, on a decision-specific basis, would carry out assessments and record the decisions in the care record. Staff told us how they supported patients to make a specific decision for themselves before they assumed to lack the mental capacity to make it for themselves.

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

Good 

Kindness, dignity, respect and support

- Patients told us staff were polite to them, they felt cared for and well looked after. They said staff listened to them and asked what activities they preferred. We observed staff interacting with patients in a positive, kind, and respectful way. Staff knew how to be discreet and support patients with any distress they were experiencing.
- Patients told us they were able to access the gym, church, and shops, when they wanted to in accordance with their section 17-leave care plans. We saw evidence of this in the care plans and care notes.
- Managers told us they had a patient satisfaction survey but did not supply any details of this. Neither did we see any evidence of a PLACE survey, a tool used by services to assess privacy, dignity, and wellbeing.

The involvement of people in the care they receive

- New patients were encouraged to visit the hospital by arrangement before accepting an admission. Staff offered all prospective patients an individual assessment to ensure their suitability for the priory hospital.
- New patients received information about access to advocacy. Five patients we spoke with said they had access to advocacy. Notices and leaflets displayed in public areas gave information about advocacy services.
- Care plans were electronic templates and not individualised, however, they did reflect all of the patients care needs. One patient we spoke with said they had a copy of their care plan including a book about their treatment options. One carer told us their relative's care plan took into account their need for regular exercise, and included outside activities.
- We saw evidence of patients having given feedback on the service they receive. Each ward held fortnightly community meetings. During the meetings staff referred to four agenda items and asked patients for feedback and improvement suggestions: the ward atmosphere, food, activities and bedrooms. Records of the meetings showed good attendance by patients, and that staff had followed through ideas, particularly those for improving the activity programs and menu choices. However, the records also showed that patients were unsure how to respond to the question about the ward atmosphere. This meant that important patient feedback might have been lost.
- Patients had opportunity to attend a monthly patient forum where they were free to discuss and feedback on issues. Review of these records showed that unlike the community meetings, staff had cancelled some forum meetings due to poor patient attendance. We saw that staff had not followed through on some actions. For example, a patient had asked for more smoking breaks, staff had recorded this as pending for several months before it failed to appear on the agenda again.
- Managers had invited patient representatives to attend the senior management meeting. However, this had not been sustainable, as patients had reported, they found the formal meeting structure and format too stressful. Managers told us that it had been difficult to get one or two patients willing to take on this role.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Of the 12 patient records reviewed, we found four referred to an advance directive or similar document being present.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- The average length of stay at priory Hospital Hemel Hempstead was two to three years. Bed occupancy on Wren ward was 65%, on Dove ward 93%, and on Robin ward 93%. Managers confirmed they would give priority to people in their catchment area, if admission was required and the patient would benefit from their service.
- Managers confirmed that they did not use leave beds for new admissions, they said patients were only moved between wards when this was clinically indicated and in the best interest of the patient.
- The provider did not submit information regarding delayed discharges. However, staff told us that they experienced some challenges in liaising with community teams to plan timely discharge. Staff told us the service had taken measures to strengthen their links with community teams during the patients admission to facilitate timely discharge

The facilities promote recovery, comfort, dignity and confidentiality

- We saw a range of rooms and equipment across the hospital to support and enhance patient's recovery and comfort. There were quiet areas where patients and visitors could meet. All wards had access to outside space.
- The hospital provided a wide choice of meals for patients; the menu we saw showed this choice extended to catering for specific dietary requirements. Patients told us the food was good quality with plenty of choice and they were encouraged to have input into the weekly menus.

- Hot and cold drinks, including snacks were available throughout the day on all wards. Each ward implemented their own procedures to facilitate patients' making, and access to hot drinks depending on patients ability and risk to use a kitchen, equipment and hot water safely. Cold drink dispensers were available on each ward and all wards offered biscuits, and fruit on tables in their common areas.
- Patients could use their own mobile telephones for private calls but the taking of photographs in and around the hospital was prohibited, in order to maintain other patient's confidentiality and privacy. Patients had personalised their bedrooms with their own choice of furniture, posters, and bedding. Patients had access to a secure place for their belongings.
- A blanket restriction was in place on Dove ward to enable staff to manage the risk for two patients when using the kitchen. Staff had assessed two patients as not safe to use the kitchen unless accompanied. To manage the situation staff locked the kitchen and other patients had to ask for access while staff supervised the area to prevent unauthorised access. We observed patients asking for access to the kitchen and staff allowing this access without delay. Blanket restrictions are permissible to manage risk for individual patients. However, it was evident that senior managers had not reviewed this restriction in line with the code of practice.
- Main ward areas displayed programmes of weekly activity. Each patient had their own activity plan for the week, which they had completed during the weekly patient focus and support groups, and included activities for the weekends.

Meeting the needs of all people who use the service

- There was disabled access to the wards, and public areas, there were quiet rooms for patients to use for visitors, and when they wanted privacy to relax.
- At the point of admission, staff gave patients a comprehensive information pack. This included information about the ward layout, purpose of the hospital and what treatments the Priory could offer. Patients we spoke with confirmed they had received this information pack but considered this to be incomplete, and said they would also like other information such as hospital rules and meal times.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Public areas of the hospital displayed information leaflets. Notices indicating they were available in other languages and large print as required. The leaflets included how patients could access to local services, treatments, patients' rights, and how to make a complaint.
- Care records showed evidence of staff having accessed interpreters, and were able to meet the needs of patients from ethnic minorities. Staff showed us menus that included a range of culturally appropriate food choices. We saw that appropriate spiritual support was available for patients and staff.

Listening to and learning from concerns and complaints

- Priory Hospital Hemel Hempstead had received 2 complaints in the previous 12 months. One of these had been from one complainant and contained 25 separate complaint issues relating to one patient. The manager had responded to and made personal contact with the complainant, who had subsequently sent a further letter thanking the hospital for the way they had managed the complaints.
- Evidence demonstrated the provider has a good track record of managing complaints. Data showed in the previous three years only two complaints had needed referring to the ombudsman.
- We saw evidence of patients having been able to make complaints, and staff told us how they managed complaints in line with the provider's policy guidance. Three out of five cases showed how patients had received feedback from ward managers, or their named nurse, and changes had been implemented accordingly. Information was available to patients on notice boards on how to make a complaint.
- We saw the systems and processes in place to record and feedback complaints to staff through team meetings.

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

Good 

Vision and values

- Staff knew what the organisations values were and agreed with the organisations vision of how they wanted the service to develop. The vision and values were reflected in the provider's mission statement. We saw evidence in a staff members' appraisal of how the manager had reflected the organisations objectives in their targets for the coming year. We saw how the objectives and key performance targets set for team managers also reflected those of the organisations vision and objectives.
- A recent staff survey showed that 91% of staff understood what was expected of them in their job, and 80% understood how their work helped to achieve their departments' objectives.
- Staff told us they knew who the senior managers were in the organisation and these managers had visited the hospital. This was evidenced by the hospital director, who carried out frequent floor walks to meet staff and patients, and ensured that organisational standards of service delivery were being met.

Good governance

- Data up to February 2016 showed that 88% of staff had up to date mandatory training. One hundred percent of staff had in date appraisals, and 96% of staff had up to date supervision.
- Duty rosters for the previous 3 months showed that a sufficient number of staff of the right grades and experience had covered 98% of shifts. Staff told us how they were encouraged to maximise shift-time on direct care activities (as opposed to administration tasks).
- Seven of the 18 staff interviewed confirmed they actively participated in clinical audits. We saw evidence of these audits including monitoring depression, and infection

Long stay/rehabilitation mental health wards for working age adults

Good 

control, monitoring the processes and records for patients who had diabetes, and auditing the quality of information staff recorded on charts used to manage challenging behaviours.

- Staff reported incidents, and the incidents had been monitored for follow up and feedback as part of the organisations Red, Amber, Green (RAG) dashboard. The provider uses the RAG ratings as one of their key performance indicators to gauge the performance of the managers and their teams. The measures are in an accessible format and used by the staff team who develop active plans where there are issues.
- We saw evidence of a range of governance and senior management meetings taking place to monitor key performance indicators, quality improvements, and service development.
- Managers used robust systems to manage safeguarding, Mental Health Act, and Mental Capacity Act procedures. Managers and team leads felt they had sufficient authority to carry out their roles and responsibilities. Managers had administrative support and staff had the ability to submit items to the services risk register.
- Managers explained how they addressed poor staff performance and we saw evidence of disciplinary meetings having taken place.

Leadership, morale and staff engagement

- The provider submitted data from a recent staff survey, which had a response rate of 86%. Data showed 75% of staff were satisfied with the organisation, and 73% percent would be likely to recommend the Priory as a good place to work. While 80% of staff said, they would recommend the Priory to family and friends as a place

to receive care or treatment. Seventy four percent of staff felt the organisation took their wellbeing seriously, and 74% said their manager gave immediate and clear feedback on their performance. Seventy-one percent of staff felt they were encouraged by their managers to offer ideas for improving services.

- Data from January to December 2015 showed that staff sickness and absence rates had varied during the year from 0.5% to 3%. Staff told us they were not aware of any bullying or harassment, they knew how to use the whistleblowing process, and they felt able to raise concerns without fear of victimisation.
- Staff told us that team morale, job satisfaction was good, and five staff told us about the opportunities for leadership training available to them. Sixteen of the 18 staff we spoke with said team working and mutual support was good, and they were encouraged to open and honest with patients when things did not always work out as expected. Twelve of the 18 staff said they had opportunity to give feedback on services and input into service development.

Commitment to quality improvement and innovation

- Managers had implemented an extensive quality improvement program throughout 2015. Evidence showed managers had met most of their targets, and those not been met had action plans to be completed within designated periods.
- We saw evidence that the service took part in numerous national and local clinical and non-clinical audits, including evidence based practice for schizophrenia, preventing suicide, and reducing restrictive practice.

Outstanding practice and areas for improvement

Outstanding practice

The provider had introduced a program of supported placements to enable unqualified staff to train in a professional qualification while continuing to work for the organisation on a flexible basis that allowed staff to

maintain work, life and study balance. We heard how the Priory Hemel Hempstead had committed to providing 20 such places each year, with the aim of developing their own team of qualified practitioners.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should implement governance procedures to show how and when they review the need for the on going restrictive practices, regarding patient access to the kitchen on Dove ward.
- The provider should consider exploring the use of recognised recovery focussed care planning, along

with positive risk taking assessment tools. This would then clearly show how patients had been involved in their care planning, reflecting their strengths, and support the hospitals vision of being a recovery focussed service.

- The provider should ensure that all staff are trained in Mental Health Act and Mental Capacity Act.