

The Priory Hospital Woking







Quality Report

Chobham Road
Knaphill Woking
Surrey
GU21 2QF
Tel: 01483 489 211
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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Requires improvement	
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.

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 rated Priory Hospital Woking as good because:

- All areas of the ward were clean and well maintained.
- The feedback we received from the staff and the patients was that there was always enough staff available to meet the patients' needs
- Risk assessments were updated on a weekly basis and, in some cases, three to four times a week based on the individual patient's needs and following incidents.
- There was a strong culture of safeguarding adults and children within the staff team and staff were aware of who the local safeguarding lead was and the process to follow when considering safeguarding issues and how to raise a safeguarding alert.
- All patients received a comprehensive physical health check by the resident medical officer on admission and we saw evidence that patients received additional physical healthcare when needed.
- The patients were all aware of their treatment goals and had discussed these with their consultant and key worker. There was evidence in the care plans that this was well documented and plans were orientated towards recovery.
- The patients we spoke with all felt comfortable to complain both informally to the management and formally if necessary.
- Well-structured local clinical governance meetings were held on a monthly basis at the hospital and we saw evidence through the minutes of these meetings that the actions that were identified relating to the pillars of clinical governance were allocated to particular staff members and were being signed off and actioned.
- There were no occupational therapists employed at the hospital and there was no structured occupational therapy or recreational activity happening, the patients who were not receiving therapeutic treatment for addictions had little activity to occupy their time.
- Patients told us that they were not able to have a key to their room and so were sometimes concerned about other patients being able to go in and out of their rooms if they forgot to ask a member of staff to lock their door. This was a blanket restriction as patients were not risk assessed regarding their safety to be able to lock their bedrooms.
- It was unclear how the medical team was organised. Eight consultants worked in a self-employed capacity. The consultants worked cohesively with their individual teams supporting their individual patients but there did not appear to be a clear chain of responsibility for the psychiatry department.
- The staff did not have an awareness of the vision and values of the Priory group. Staff members told us that they felt they had not been involved in the overall changes that the Priory group was going through at the time of the inspection.
- The clinical review meetings we observed did not include consistent formal discussions around risk.
- During the weekly ward meeting we did not observe that the nursing staff and the resident medical officer gave any feedback to the patient and the consultant on the patient's clinical progress.
- We were told that the therapists did not regularly record attendance for the inpatients who attended therapeutic groups and so it proved difficult to evidence clinical effectiveness for the inpatient groups.

However:

Summary of findings

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Summary of this inspection

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Good **Services we looked at:**

Acute wards for adults of working age and psychiatric intensive care units and substance misuse services.

We inspected this service as a location and not as a core service. The service provides services to male and female adults with a range of mental health needs and issues with addictions.

Summary of this inspection

Background to The Priory Hospital Woking

Priory Hospital Woking is a 36 bedded unit providing both an inpatient and an outpatient service for men and women.

The hospital had been recently reconfigured following refurbishment work in 2015. At the time of the inspection there were two gender specific wards, made up of Cedar Ward which had 19 male beds and Maple Ward which had 17 female beds. There was also a separate area with four mixed bedrooms which could be used depending on the mix of male and female patients. At the time of the inspection there were 28 patients receiving inpatient treatment in the hospital.

Priory Hospital Woking's acute programme treats a range of mental health conditions such as depression, stress and anxiety.

Priory Hospital Woking also offers services to people suffering from issues relating to addiction both to substances and to behaviours.

Priory Hospital Woking also has a day care programme which offers individual and group psychotherapy and ongoing support for patients that have been discharged following an inpatient stay and for people who need treatment without an inpatient admission.

We have inspected Priory Hospital Woking four times since registration with the Care Quality Commission in 2010. The last inspection took place on 23 December 2014 and the service was deemed fully compliant as of February 2015.

Our inspection team

Team leader: James Whittle

The team that inspected the service comprised three CQC inspectors and a variety of specialists: one psychologist, two pharmacists and a Mental Health Act reviewer.

Why we carried out this inspection

We inspected this service as part of our on going 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.

During the inspection visit, the inspection team:

- Visited the hospital, looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with three patients who were using the service and collected feedback from eight patients using comment cards.
- Spoke with the clinical services manager and two ward managers.
- Spoke with 11 other staff members; including doctors, nurses, psychotherapists and the medical director.

Summary of this inspection

- Attended and observed a ward round and a handover meeting.
- Looked at 26 drug charts, observed a medication round and carried out a specific check of the medication management in the service.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- The patients spoke very positively about their experiences of being supported at Priory Hospital Woking.
- Patients spoke positively about their interactions with the staff, the quality of the psychotherapy available, the food provided in the unit and the cleanliness and safety of the environment.
- Complaints were dealt with quickly and people felt they were treated with dignity and respect and they felt safe.

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 because:

- All areas of the ward inspected were found to be clean and well maintained and we saw cleaning schedules for ensuring this was being done regularly.
- When agency staff were required we were told by the clinical services manager and the staff that they were contracted locum staff who knew the patient group well and had been fully inducted into the service. Patients felt that the staff were professional and consistent and they reported feeling safe and well supported.
- The feedback we received from the staff and the patients was that there was always enough staff available to meet the patients' needs.
- The staff we spoke with said that they felt that the out of hours cover was suitable to the nature of the service and when they had to contact consultants and managers out of hours they were able to talk to a senior member of staff quickly and their concerns were dealt with promptly.
- Risk assessments were updated on a weekly basis and, in some cases, three to four times a week based on the individual patient's needs and following incidents.
- There was a strong culture of safeguarding adults and children within the staff team and staff were aware of who the local safeguarding lead was and the process to follow when considering safeguarding issues and how to raise a safeguarding alert.
- Staff told us that following incidents they were offered support from their line manager and from their peers and they felt supported by the management structure and able to approach the senior managers if they needed additional support.

However:

- Although risk assessment documentation was apparent in patient notes the clinical review meetings we observed did not include consistent formal discussions around risk.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- The care planning was holistic, detailed and updated regularly, and showed good evidence of involving patients in their care.
- All patients received a comprehensive physical health check by the resident medical officer on admission and we saw evidence that patients who needed additional physical healthcare were receiving it.
- All 26 prescribing and administration charts were inspected and all adhered to BNF and National Guidelines.

However:

- We were told that the therapists did not regularly record attendance for the inpatients who had attended therapeutic groups and so it proved difficult to evidence clinical effectiveness for the inpatient groups.
- During the weekly ward meeting we did not observe that the nursing staff and the resident medical officer gave any feedback to the patient and the consultant on the patient's clinical progress.
- The clinical review meetings we observed were attended by the consultant, nurses from the ward and the resident medical officer. The meetings were led by the consultant and did not follow a standardised structure, in the meeting we did not observe consistent formal discussions around risk being addressed.

Are services caring?

We rated caring as good because:

- During the course of the inspection we observed positive and caring interactions between the staff and the patients and staff were courteous and responsive to patients' requests. There were staff in the patient areas and who were actively engaged with the patients.
- The CQC comment cards stated that patients felt safe and peaceful on the unit and there were repeated comments that patients felt that the staff were doing a good job supporting their needs.
- The hospital had a clear and well-structured introduction pack to each of the wards which covered all the information necessary to support someone new to the hospital environment.

Good



Summary of this inspection

- When we discussed care plans with the patients we found they were all aware of their treatment goals and had discussed these with their consultant and key worker. There was evidence in the care plans that this was well documented and plans were orientated towards recovery.
- The unit held community meetings with the patients to gather their views about what was happening on the ward.
- Patients had access to an Independent Mental Health Advocacy Service through Surrey Advocacy Service. Independent Mental Capacity Advocacy was provided by Matrix Advocacy based in Weybridge.

Are services responsive?

We rated responsive as requires improvement because:

- There were no occupational therapists employed at the hospital and there was no structured occupational therapy or recreational activity happening, the patients who were not receiving therapeutic treatment for substance misuse had little activity to occupy their time.
- Patients told us that they were not able to have a key to their room and so were sometimes concerned about other patients being able to go in and out of their rooms if they forgot to ask a member of staff to lock their door. This was a blanket restriction as patients were not risk assessed regarding their safety to be able to lock their bedrooms.

However:

- Priory Hospital Woking responded quickly to referrals to outpatient services. Contact was made within two to three working days of any referral to arrange an appointment. Generally appointments were made within one to two weeks of receiving a referral dependent upon the nature and urgency of the referral.
- Patients told us they felt safe and well cared for.
- The hospital has an open front door and so patients were able to come and go following discussion with staff and freely able to access outdoor spaces which included designated smoking areas which were clean and well looked after.

Requires improvement



Are services well-led?

We rated well-led as good because:

- The staff we spoke with were aware of the local senior management structure and knew who to contact if there was a

Good



Summary of this inspection

particular issue with safeguarding, facilities or HR issues. The manager had a visible presence across the unit and the staff told us they felt that the hospital had a stable management structure.

- Well-structured local clinical governance meetings were held on a monthly basis at the hospital. We saw evidence through the minutes of these meetings that the actions that were identified relating to the pillars of clinical governance were allocated to particular staff members and were being signed off and actioned
- All the staff we spoke with felt morale was high amongst the team and felt they could speak openly and raise issues without fear of victimisation.

However:

- The staff did not have an awareness of the vision and values of the Priory group.
- It was unclear how the medical team was organised. Even though the consultants worked cohesively with their individual teams supporting their individual patients there did not appear to be a chain of responsibility for the psychiatry department.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- At the time of our inspection 83% of staff had undertaken training in the Mental Health Act (MHA). The staff we spoke with during the course of the inspection had a good working knowledge of the MHA and the Code of Practice.
- The hospital traditionally has had few detained patients but the number of detained patients had increased in the last 12 months. There have been an increasing number of NHS patients who required detention from trusts in the south of the country because of a shortage of beds.
- There were no patients detained under the Mental Health Act (MHA) in the service at the time of the inspection.
- All the paper documentation we reviewed in the previously detained patients' files was compliant with

the MHA and the Code of Practice. Full audits of Mental Health Act documentation were being carried out regularly. However we were unable to access computerised records of previously detained patients to review whether the electronic documentation held in patient files was compliant with the Mental Health Act.






- Capacity to consent to treatment was thoroughly assessed and recorded. Patients' rights were explained on detention and repeated at appropriate intervals.
- Care planning was holistic, detailed and updated regularly, and showed good evidence of involving patients in their care.
- Section 17 leave was authorised on a standardised system. The forms were clearly completed and up to date. Not all patients had received a copy of their leave form, however all patients had signed the forms, demonstrating that they were aware of their leave entitlements.

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of the inspection 92% of staff had undertaken training in the Mental Capacity Act (MCA).
- 86% of staff had undertaken separate training in the Deprivation of Liberty Safeguards.
- There was a designated lead for the Mental Capacity Act and the lead had a clear understanding of the MCA and their role within the Act. However the staff we spoke with had a limited understanding of the Act. The care staff we spoke with told us they would take any issues relating to the testing of capacity to the clinical meeting to discuss with the consultant and were not fully aware of their roles and responsibilities.
- We found from reviewing the care records, that patients were supported to make decisions where appropriate and when they lacked capacity to make a decision, decision specific issues were being identified. Decisions were being made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. These decisions were being recorded appropriately in the patients' care records.
- Patients who were not detained under the Mental Health Act had their capacity to consent to medication and to stay in the hospital as an informal patient assessed and documented.

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

Good 

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

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

Good 

Safe and clean environment

- Priory Hospital Woking was not a purpose built hospital environment but has been adapted to suit the needs of the patients. There was a new purpose built two-storey bedroom wing that has been designed to minimise ligatures.
- Due to the layout of the unit it was difficult to maintain direct observations on the patients' bedrooms from the staff offices. Both of the floors on which the patients had bedrooms had allocated zones where staff were located to maintain therapeutic observations.
- Where ligatures had been identified in the risk assessment, these risks had been adequately mitigated through individual risk assessments, regular staff presence and regular environmental checks.
- Each ward had a clinic room which was clean and tidy and areas where medication was managed were found to be well organised. The service used standard documentation provided by Ashton's pharmacy which also supplied the medication. On Maple Ward emergency equipment was located in the nursing office and checked to ensure it was safe to be used. On Cedar Ward the resuscitation equipment was kept in the

nursing office but there was not a system in place for regularly checking the equipment was in date and in order. By the end of the inspection this had been rectified.

- The training records showed that 88% of staff had undertaken training in basic life support and in emergency procedures awareness which meant that staff were able to respond to emergencies.
- All areas of the ward inspected were found to be clean and well maintained and we saw cleaning schedules for ensuring this was being done regularly. The patients we spoke with all told us they felt the unit was always clean and tidy. If an item was broken the patients discussed it in the community meetings and it was addressed by the staff team.

Safe staffing

- At the time of the inspection Priory Hospital Woking had high levels of nurse and support worker vacancies and as a result was using high levels of agency staff. On 31 January 2016 there were 5.6 vacancies for qualified nurses and 10 vacancies for nursing assistants out of a total of 74 staff. The recent rotas indicated that almost every shift in the four weeks prior to the inspection had at least one agency staff member out of the four staff on duty. Most shifts regularly had two or three agency staff on duty.
- The service had identified the recruitment and retention of suitable staffing as the highest risk on the organisational risk register and had taken a proactive stance to recruit to the vacant posts. The clinical services manager had weekly reviews of staffing and recruitment and a retention plan had been put in place.
- When agency staff were required we were told by the clinical services manager and the staff that they were

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

Good 

contracted locum staff who knew the patient group well and had been fully inducted into the service. Patients felt that the staff were professional and consistent and they reported feeling safe and well supported.

- The feedback we received from the staff and the patients was that there were always enough staff available to meet the patients' needs. The staff team was able to increase the staffing if required to support leave into the community to ensure that leave was rarely cancelled. The manager told us that staff time could be used flexibly to ensure that patients' needs were met and this was supported by the patients we spoke to.
- We were told by the staff and the patients that there was always at least one regular or locum qualified staff in the clinical areas of the unit available to support the patients and the unit was not short staffed often. The information provided by Priory Hospital Woking stated that there were no shifts in the last three months left without staff cover.
- The medical cover was one full time doctor based at the hospital. Emergency and out of hours cover was supplied by an on call consultant on a rotational basis. Out of hours there was a senior nurse and a member of the senior management team on call. The staff we spoke with said that they felt that the out of hours cover was suitable for the nature of the service. Staff members told us that when they had to contact consultants and managers out of hours they were able to talk to a senior member of staff quickly and their concerns were dealt with promptly.
- Staff received mandatory training regularly and most staff were up to date with mandatory training. The average mandatory training rate was 87%. The training records we looked at showed us that staff were receiving training in areas such as fire safety, basic life support, food safety, moving and handling and suicide prevention. These examples of mandatory training show that staff were being supported to deliver care effectively.
- The training records also indicated that people were being booked onto training sessions when their training was out of date and that this was being monitored and reviewed.

Assessing and managing risk to patients and staff

- In the six months prior to the inspection there were three incidents of restraint recorded at Priory Hospital Woking. Prone restraint or rapid tranquilisation had not been used.
- We saw from the training records that 80% of staff had been trained in the "Prevention and Management of Violence and Aggression". Also staff had separate training in breakaway training, crisis management and safeguarding vulnerable adults. This meant that staff were being trained to identify and manage patients' risks effectively. Locum agency staff were also trained in restraint techniques to the same standard as the regular staff. The patients we spoke with told us they felt safe at the unit and felt able to talk to the staff if they were concerned about their safety.
- We reviewed eight sets of care notes covering both wards and found that all patients had an up to date risk assessment in place which had been started when the patient had been admitted to the unit. These risk assessments were updated on a weekly basis and, in some cases, three to four times a week based on the individual patient's needs and following incidents. The information from the risk assessments was used to develop risk management care plans and we saw evidence of these being discussed with patients in the multidisciplinary meeting.
- There was a strong culture of safeguarding adults and children within the staff team and staff were aware of who was the local safeguarding lead. The staff members we spoke to were able to tell us the process to follow when considering safeguarding issues and how to raise a safeguarding alert. Staff were able to inform the inspection team which of the patients had active safeguarding issues and there were posters and information available to staff and patients across the wards on how to raise a safeguarding issue.
- There were appropriate arrangements with the pharmacy provider to ensure that good medicines management processes were followed. We spoke with the pharmacist on the phone during the inspection. The pharmacist told us there were regular checks and audits to ensure that medication errors were picked up quickly and discussed with the local management team to ensure patients were protected from medication errors.

Track record on safety

- In the past year there had been nine serious incidents reported by Priory Hospital Woking. These incidents had

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

Good 

been fully investigated using the Priory serious untoward incident procedures. The risks identified by the investigations had been raised to the site risk register and addressed through the hospital governance structure with identified action plans. We could see evidence of these action plans being put into place and improvements being made as a result.

- Two serious recent incidents involving medication had resulted in a comprehensive medicines management action plan, in place from July 15. Competency assessments for all nursing staff on medicines management had been introduced and annual assessments were carried out to demonstrate continued competency and practice. Nurses could only administer medicines once they had been signed off as competent.

Reporting incidents and learning from when things go wrong

- The senior management team at Priory Hospital Woking were aware of, and could describe, occasions where learning and support were shared between the patient group and the staff group. Patients were able to bring up issues which affected both patients and staff in the community meetings and we saw minutes of meetings where this had occurred. In addition to this there was a process for debrief following serious incidents and the staff and patients reported they felt that they were supported when necessary after any incident had occurred in the unit.
- Staff told us that following incidents they were offered support from their line manager and from their peers and they felt supported by the management structure and able to approach the senior managers if they needed additional support.
- The clinical staff we spoke with were all able to describe the process for incident reporting on the electronic system and all staff were involved in this process. Staff did not wait until a manager was available before submitting an incident report. All incidents were reviewed by the ward manager and forwarded to the hospital director who was responsible for oversight of this process. This meant that the senior managers of the unit were alerted to incidents when they occurred and were able to manage the investigation of the incidents.
- The provider understood and complied with the duty of candour. The duty of candour sets out some specific

requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

(for example, treatment is effective)

Good 

- We observed an effective daily “flash” team handover where all patients across both wards were briefly reviewed and discussed by the nursing team and the therapy staff. All events for the day were identified and appropriate members of the team allocated to support the patients’ individual needs. This handover also picked up actions from the clinical reviews and also identified maintenance issues around the unit so all of the team were aware of what was going on that day. In the daily “flash” multi-disciplinary handover meeting the resident medical officer was present to feedback any dynamic medical issues however there was no representation from the consultant psychiatrists in this meeting.
- The hospital manager and the local safeguarding lead had good links with the local authority safeguarding teams. Any individual safeguarding issues or trends were picked up effectively and the service used the local authority safeguarding procedures when they reported safeguarding alerts.
- In March 2016 the hospital had identified there were communication difficulties between the wards and the lodge where the therapeutic activities took place. Therapy assistants were appointed to assist in bridging the gap between the wards and the therapy team. A daily afternoon risk meeting was held within the therapy team from which information was taken back to the ward by the therapy assistant and handed over to the wards. This had improved communication but it was identified by both the therapists and the nursing team that additional work was needed to continue to improve this relationship.

Adherence to the MHA and the MHA Code of Practice

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

Good 

- At the time of our inspection 83% of staff had undertaken training in the Mental Health Act (MHA). The staff we spoke with during the course of the inspection had a good working knowledge of the MHA and the Code of Practice.
- The hospital traditionally has had few detained patients but the number of detained patients had increased in the last 12 months. There had been an increasing number of NHS patients from trusts in the south of the country because of a shortage of beds.
- On the day of the visit there were no detained patients in the hospital.
- Independent mental health advocacy services (IMHA) were provided by Surrey Advocacy Service, who were contacted by the nursing staff when requested or required.
- Internet access was available if it was risk assessed as appropriate for a patient's needs.
- There was a designated smoking area outside the terrace.
- There was an informal and formal complaints policy and a booklet was available to patients informing them of the procedure.
- There was evidence in four of the five files scrutinised that people had their rights under the Mental Health Act explained to them on admission and routinely thereafter.
- Detention papers were available for scrutiny and appeared correct. One of the five files had no outline approved mental health professional report, however there was evidence that this had been requested.
- There was evidence in the one file scrutinised that the responsible clinician had recorded the patient's capacity to consent to treatment on admission and in relation to specific decisions.
- Physical health was assessed on admission by the resident medical officer who then referred patients to the local hospital as required.
- Leave outside of the hospital was planned with the patients and carers as necessary and was authorised through a standardised system, which recorded and included specified conditions.
- Scrutiny of legal documentation was completed by the Mental Health Act officer or by the nurse in charge using an appropriate checklist.

Good practice in applying the MCA

- At the time of the inspection 92% of staff had undertaken training in the Mental Capacity Act (MCA).
- 86% of staff had undertaken separate training in the Deprivation of Liberty Safeguards.
- There was a designated lead for the MCA and the lead had a clear understanding of the MCA and their role within the Act. However the staff we spoke with had a limited understanding of the Act. The care staff we spoke with told us they took any issues relating to the testing of capacity to the clinical meeting to discuss with the consultant and were not fully aware of their roles and responsibilities.
- We found from reviewing the care records, that patients were supported to make decisions where appropriate and when they lacked capacity to make a decision, decision specific issues were identified. Decisions were made in the patients' best interests, recognising the importance of the person's wishes, feelings, culture and history. These decisions were recorded appropriately in the patients' care records.

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

Good 

Kindness, dignity, respect and support

- During the course of the inspection we observed positive and caring interactions between the staff and the patients. Staff were courteous and responsive to patients' requests. There were staff in the patient areas who actively engaged with the patients. Staff expressed a caring approach when they were talking about the patient group and it was clear there was an understanding of the patients' individual presenting issues and how best to support them on a daily basis.
- All of the patients we spoke to during the course of the inspection were very positive about the support and care they received from the staff team at the hospital. Patients felt there were always enough staff around the hospital.

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

Good 

- The CQC comment cards stated that patients felt safe and peaceful on the unit. There were repeated comments that patients felt that the staff were doing a good job supporting their mental health needs.

The involvement of people in the care they receive

- The hospital had a clear and well-structured introduction pack to each of the wards which covered all the information necessary to support someone new to the hospital environment. The pack identified the key members of the team and the treatments available for patients while they were resident at the hospital.
- When we discussed care plans with the patients we found they were all aware of their treatment goals and they had discussed their goals with their consultant and key worker. There was evidence in the care plans that this was well documented and plans were orientated towards recovery
- The unit held community meetings with the patients to gather their views about what was happening on the ward. We saw minutes of these meetings displayed around the unit and patients told us they were able to read the minutes if they wished. Patient feedback was also presented at monthly clinical governance meetings.
- Patients had access to an Independent Mental Health Advocacy Service through Surrey Advocacy Service and Independent Mental Capacity Advocacy was provided by Matrix based in Weybridge . There was information available both on the notice boards and in the introduction pack on how to access these organisations.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs?
(for example, to feedback?)

Requires improvement 

Access and discharge

- The average bed occupancy between July and December 2015 was 66%. It had been identified on the hospital risk register that the level of current referrals was an area that was being addressed by the business development team.
- Priory Hospital Woking responded quickly to referrals to outpatient services. Contact was made within two to three working days of any referral to arrange an appointment. Generally appointments were made within one to two weeks of receiving a referral dependent upon the nature and urgency of the referral.
- There was a mixture of privately funded patients and NHS patients in the hospital. On the days of the inspection there were 13 NHS patients and 16 privately funded patients. Five of the patients were receiving care and treatment for issues relating to addiction including both substances addiction and addictive behaviours. The NHS patients sometimes were treated at the hospital for only two to three days or sometimes several weeks depending on the availability of beds in their local areas. The NHS patients we spoke with were very happy with their placement at the hospital. However they reported that they had little to occupy their time as they were not involved in the addiction treatment programme and were sometimes placed long distances from their families and so were unable to go out of the hospital on visits.
- Priory Hospital Woking reported no delayed discharges between 01 August 2015 and 31 January 2016

The facilities promote recovery, comfort, dignity and confidentiality

- Patients told us they felt safe and well cared for. The communal spaces around the older parts of the hospital did not feel institutional and were welcoming. The newly developed wing of the hospital had been completed to a more robust specification and was comfortable in its furnishings, decorations and fittings. The patients were able to individualise their bedrooms.
- There were well appointed kitchens for the patients to access hot and cold drinks and snack items. These areas were well stocked and accessible to the patients 24hrs a day.

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

Good 

- The hospital had an open front door and so patients were able to come and go following discussion with staff. Patients were freely able to access outdoor spaces which included designated smoking areas which were clean and well looked after.
- The lodge set within the grounds was the designated therapy space. However there were consulting rooms and lounges set around the ground floor of the hospital where patients were able to have family visits and one to one meetings with their key workers and therapists. There was a main kitchen and dining room that provided all the meals for patients. There were no designated cooking spaces for skills building as there were no occupational activities occurring at the hospital at the time of the inspection.
- The feedback from all patients interviewed was that the standard of the food was very high with all of their individual dietary needs being met.
- Patients all had lockable spaces within their bedrooms to enable them to keep small items safe in their rooms. However patients told us these spaces were not big enough to hold laptops and larger electronic equipment which patients kept in their rooms.
- Patients told us however that they were not able to have a key to their room and so were concerned about other patients being able to go in and out of their rooms if they forgot to ask a member of staff to lock their door. This restriction impacted on patients privacy and dignity. One patient told us they were worried if they couldn't find a member of staff to lock their door prior to them going out into the garden in case someone went into their room. This appeared to be a blanket restriction as patients were not being risk assessed specifically regarding their safety to be able to have a key to enable them to lock their bedrooms.

Meeting the needs of all people who use the service

- Both ward managers and all staff we interviewed had an effective understanding of the needs of the patient group and were able to clearly identify and discuss how the hospital was meeting the patients' diverse needs.
- During the inspection we observed staff actively engaging patients in therapeutic activities. The service had a timetable for therapeutic activities which covered regular groups which were individualised to meet the clinical needs of the patient group, but no planned occupational or recreational activities were available. The hospital did not employ any occupational

therapists. This meant that some of the patients who were not receiving treatment for substance misuse had little activity to occupy their time. We were told that there were plans for therapy staff to take a role in developing occupational type activities for patients but this was still in the development stages and the plans did not include the input from an occupational therapist.

- At the time of the inspection 87% of the staff had received mandatory training in the Equalities Act 2010. The staff we spoke with were aware of the diverse nature of the clients they were supporting and how to access appropriate religious and cultural resources such as faith leaders when appropriate. Local faith leaders were able to visit the unit and patients told us they were able to visit the local church if it was discussed and agreed with their team.

Listening to and learning from concerns and complaints

- The patients we spoke with all felt comfortable to complain both informally to the management and formally if necessary.
- The service had recorded 15 formal complaints during the course of the previous year. Three complaints were reported as upheld and six of the complaints were reported as partially upheld. The complaints that were upheld related to communication regarding cancellation of a day care appointment and an alleged breach of confidentiality. Both complaints were investigated and explanations were given with an apology from the hospital.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good 

Vision and values

- The staff did not have an awareness of the standardised overall vision and values of the Priory group. Staff members told us that they felt they had not been involved in the overall changes that the Priory group was going through at the time of the inspection. Staff members also said they felt change was being

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

Good 

implemented from outside the hospital without the people at The Priory Hospital Woking being told about the change or involved in the change process until after decisions had been made. Staff members told us they had a poor connection to the larger provider.

- The staff we spoke with were aware of the local senior management structure and knew who to contact if there was a particular issue with safeguarding, facilities or HR issues. The manager had a visible presence across the unit and the staff told us they felt that the hospital had a stable management structure.

Good governance

- Well-structured local clinical governance meetings were held on a monthly basis at the hospital. We saw evidence through the minutes of these meetings that the actions identified relating to the pillars of clinical governance were allocated to particular staff members and were being signed off and actioned. We also saw that regular quality walk rounds of the site were happening with support from patients. These site tours identified issues relating to the environment of the unit, care and welfare issues of the patients and patient protection concerns relating to any safeguarding issues. The minutes from the local governance meetings fed up into the national clinical governance group
- The unit followed the Priory 12 month audit schedule and all audits had been completed per month up to the date of the inspection these audits included infection control and case notes. In addition to this the hospital had carried out audits in suicide prevention, PRN medication use and an audit of communication / staff handovers.
- The medical director had responsibility for ensuring that medical staff had all undertaken appropriate revalidation in relation to their ability to practice.

- The hospital director had a weekly service performance phone call with the director in charge of the service. This call reviewed the day to day management issues that the unit during the previous week. It covered issues such as agency usage, bed occupancy rate, supervision, sickness levels and staffing issues. This meant that the hospital director was having a regular dialogue to express any concerns or trends that were becoming apparent.

Leadership, morale and staff engagement

- The current hospital director had been in post for over two years at the time of the inspection. The facilities, nursing and therapy teams had heads of department and clear lines of communication. However it was unclear how the medical team was organised. There were eight consultants working in a self-employed capacity. The medical director had final sign off of the consultants' appraisal and revalidation processes but he did not conduct the appraisals as they were done centrally by the organisation. The consultants worked cohesively with their individual teams supporting their individual patients. However, there did not appear to be a chain of responsibility for the psychiatry department.
- Staff sickness levels at the hospital were at 3.9% which is below the national average of 4.44% for NHS services.
- All the staff we spoke with felt morale was high amongst the team and felt they could speak openly and raise issues without fear of victimisation. We were told that the team worked well together under the direction of the individual consultants and staff felt supported to develop their clinical practices to improve the quality of care for the patient group.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Acute Patients must have access to a structured timetable of occupational and recreational activity to occupy their time,

Action the provider **SHOULD** take to improve

- The therapists should record attendance for the inpatients who are attending therapeutic groups to improve clinical effectiveness for the service.
- The service should ensure that weekly ward meetings are structured so that formal discussions around risk issues are addressed consistently and the nursing staff and the resident medical officer give structured feedback to the patient and the consultant on the patient's clinical progress.
- The service should consider how it will ensure consultant input is represented at the daily flash team handover meeting.
- The service should review the blanket restriction and individually risk assess that no patient can have a key to their bedroom.
- The service should consider how it will improve the communication and decision making processes between the wider organisation and its staff.
- The service should consider how it will evidence the structure of responsibility within the psychiatry department to ensure there is a chain of accountability.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 (3,b) HSCA RA Regulations 2014</p> <p>Person Centred Care</p> <p>The Hospital had no structured timetable for occupational or recreational activity and so where not designing care with a view to achieving service users' preferences and ensuring their needs are met.</p>