

Priory Wellbeing Centre Southampton

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.

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 Wellbeing Centre, Southampton as good because:

The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE). There was little or no delay from initial referral to assessment to treatment, and waiting times for patients wanting to access appropriate psychological therapies through the service, as part of their treatment, were kept to the absolute minimum.

All areas accessible by patients and staff were clean and in excellent decorative order. They had the right numbers of staff and staff skill mix to safely and effectively meet the requirements of patients. Staff demonstrated good understanding of safeguarding processes and were able to give examples of how they would act effectively to protect patients in their care.

Patients using the service told us, without exception, that they were treated with kindness, dignity and respect. All of the staff we met or spoke with were conscientious, professional and committed to doing the best they could for the patients in their care. Staff in different roles told us they felt valued and appreciated by their colleagues, and

all staff spoke positively of their immediate peers and line managers. Patients were actively involved in planning their own care and treatment, and able to provide regular feedback on the service they received.

Steps were taken to engage sensitively and supportively with patients who found it difficult to engage with services. The building provided a very calming space, one conducive to therapeutic treatment. Interview rooms were adequately sound-proofed in order to maintain patient confidentiality. There was a range of information provided for patients who used services. The service was also able to access translators and interpreters for patients whose first language was one other than English.

Staff spoke positively of the organisation, its values and the way in which it operated. Based on what we found at this inspection, it was evident there were effective systems and processes to demonstrate good governance of the service. The service was able to access strong clinical support through the provider's local hospital, which was essential when managing risks with any particularly unwell patients using the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	

Summary of findings

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Good



Priory Wellbeing Centre Southampton

Services we looked at

Community-based mental health services

Summary of this inspection

Our inspection team

The team that inspected this core service was comprised of an inspector and an inspection manager.

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?

During the inspection, the team:

- visited the location from which the service is provided
- looked at the quality of the environment at the location

- spoke with five patients who had recently or who currently used the service
- gathered 10 feedback forms from patients who used the service
- spoke with the registered manager and service manager
- spoke with four other staff members, including two therapists, the clinical director and the service's administration assistant
- looked at care records of six patients who used the service
- looked at a range of policies, procedures and other documents related to the running of the service

Information about Priory Wellbeing Centre Southampton

The Priory Wellbeing Centre, Southampton, provides therapy and treatment for a wide range of mental health conditions from a large period property located just outside the city centre. It offers a range of outpatient services, designed to give patients help and support for a

wide range of mental health difficulties, including: anxiety, depression, OCD, eating disorders, bereavements, and relationship difficulties. The service is able to offer treatment to adults, children and adolescents.

What people who use the service say

We gathered 10 feedback forms from patients who used the service. They were all positive. People told us they received excellent care, and that staff were caring, supportive and helpful.

Another person told us the staff had always treated them with a great deal of respect, kindness and dignity. They

described the treatment they had received as life changing. Another person told us staff were very focused on their individual needs, and were very respectful and responsive towards them.

We also spoke on the telephone with five patients who had recently or currently used the service. Their feedback

Summary of this inspection

was similarly positive. Comments included that the service had helped them a great deal when they needed it, and that the layout and environment of the service was modern and welcoming. The staff were thought to be

very caring and professional. Patients told us they felt comfortable and listened to, they had access to support when they needed it, and that appointments were available within a suitable timeframe.

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 accessible by patients and staff were clean and in excellent decorative order. Building and equipment safety and maintenance checks had been undertaken as required. Regular service audits to monitor service performance took place, including infection control audits and fire risk assessments.
- Staff caseloads were manageable and patients were seen promptly after referral. Permanent staff were all up to date with appropriate mandatory training. Similarly, sessional therapists were required to complete the provider's mandatory training within six months of their contract starting, and had already carried out or were scheduled to attend core training.
- Patients' care records were up to date, consistent in quality, and contained appropriate detail. Risks were assessed on admission and then reviewed as appropriate during treatment. Staff responded promptly and effectively in response to an identified deterioration in a patient's health. The service was able to access a psychiatrist swiftly and easily when needed
- Staff showed a good understanding and knowledge of safeguarding procedures. The service was linked to the provider's safeguarding protocol and procedures and supported by adult and children's safeguarding leads based at the nearby Marchwood Priory hospital. There had been no serious or significant incidents involving staff or patients since the service started. The necessary structures were in place to ensure that any incidents would be properly recorded and responded to. Staff were confident that they would be supported by the provider in the event of a serious incident, and that there would be appropriate debrief and learning following any incidents.

Good



Are services effective?

We rated effective as good because:

- Comprehensive and timely assessments of patients's needs were completed. Care records were up to date, with appropriate referral, assessment and treatment details. Care plans and confidential records were stored securely, electronically, and only staff with security clearance were able to access the system.

Good



Summary of this inspection

- The service used appropriate screening tools to help assess mood and anxiety. There were appropriate measurement tools in place for children and young patients. The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE).
- Therapists were appropriately qualified and had been trained in the range of therapies provided at the service; which included relationship, play, art and cognitive behavioural therapies. The centre also had a therapist who specialised in eye movement desensitisation and reprocessing (EMDR).
- Staff received sufficient support through regular supervision, team meetings and collaborative working with their peers and colleagues.
- There were effective handovers and channels of communication between teams within the organisation. Similarly, there were effective working relationships with professionals and agencies external to the organisation.

Are services caring?

We rated caring as good because:

- Patients using the service told us, without exception, that they were treated with kindness, dignity and respect. We collected ten separate feedback forms from patients who used the service. Each of these contained extremely positive comments about the service and staff. One person, for example, wrote, 'the staff have always treated me with a great deal of respect, kindness and dignity. The treatment I have had has been life changing for me.' Another person had fed back that staff had been 'very focused on my individual needs, very respectful and responsive to me.' All of the staff we met and spoke with were conscientious, professional and committed to doing the best they could for the patients in their care.
- We saw how the provider had taken effective steps to maintain patient confidentiality. Systems for the recording and storage of patient notes ensured sensitive and confidential information was securely controlled.
- Care plans were written and agreed with the full participation of patients and patient feedback was sought regularly within the course of therapy. Patients were supported to access independent advocacy services as needed.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- The service was able to see patients very quickly the point of referral. Steps were taken to engage sensitively and supportively with patients who found it difficult to engage with services.
- The building was decorated to a high standard, with quality furnishings throughout. This contributed to creating a very calming space, one conducive to therapeutic treatment. Interview rooms were adequately sound-proofed. 'White noise' speakers effectively masked noises, including conversations, taking place in different rooms.
- There was a range of information provided for patients who used services. This included information on local support projects, including advocacy, and how to feedback about the service they received. The service was also able to access interpreters for patients whose first language was one other than English. The building had been adapted to ensure accessibility for disabled patients.
- Patients told us they felt able to complain should they ever wish to and that they believed they would receive an appropriate response from the provider. There had been no formal complaints since the service began in February 2016; but the provider had a formal process in place and to be followed in the event of any complaint being received.

Are services well-led?

We rated well-led as good because:

- Senior managers from different parts of the provider group had visited the service, and it was clear that this had contributed to their feeling supported and valued by the organisation's senior team. Staff spoke positively of the organisation, its values and the way in which it operated.
- Based on what we found at this inspection, it was evident there were effective systems and processes to demonstrate good governance of the service.
- The service was operated as a remote ward of the main parent hospital, Marchwood Priory. Accordingly, the service manager was able to link to the different governance systems and processes of the hospital. They were also able to access strong clinical support through the hospital, which was essential when managing risks with any particularly unwell patients using the service.
- All staff spoken with told us they felt well supported by colleagues, the service manager and more senior managers.

Good



Summary of this inspection

They told us there was an open atmosphere, that they felt able to raise any concerns without fear of victimisation or rebuke, and that team meetings were a good opportunity for feedback and input to the service's development.

Detailed findings from this inspection

Mental Health Act responsibilities

The Mental Health Act did not apply within this setting.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the MCA, and appropriate support and processes were in place to ensure adherence to the Act.
- The service model meant that they provided treatment only to people who had been assessed as having the mental capacity to be able to consent to their own treatment. Therapists acted as gatekeepers, who would identify if a person's mental capacity changed during the course of treatment. If this was the case they would then follow appropriate processes, including making referrals to other services.
- We saw in records reviewed that key information was recorded at the first meeting as part of the patient's assessment. This included consent to treatment and consent to sharing information. For example, it was written clearly in a care record that a patient didn't want their GP involved. We also saw an example where a patient under 16, in agreement with their main carer, had expressly withheld, in line with their wishes, the consent for their information to be shared with another named individual.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

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

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment

- The service had opened in February 2016, and all areas accessible by patients and staff were clean and in excellent decorative order. An external contractor cleaned the building throughout three times a week, and this arrangement was visibly effective in maintaining the interior as a clean, safe space for patients and staff.
- Records reviewed reflected that building safety and maintenance checks had been undertaken as required. For example, gas safety checks and portable appliance tests to ensure gas and electric appliances and equipment were safe.
- A first aid kit and defibrillator were easily accessible in the reception area.
- Records showed that regular service audits to monitor service performance took place, including infection control audits and fire risk assessments. These included action plans for where areas to improve were identified.

Safe staffing

- The permanent staff team consisted of two employees, which were a service manager and administration assistant, and the provider was in the process of recruiting a receptionist. The service had been in operation for a little over half a year, and in that time there had been no staff sickness or turnover. The seven therapists who delivered the treatments were all

sessional workers, each working different part time hours according to their own availability and hours worked for other employers such as the NHS. Staff caseloads were manageable and patients were seen promptly after referral and then able to receive regular, scheduled treatment from their allocated therapists following assessment.

- Therapists and patients confirmed that the service was able to access a psychiatrist swiftly and easily when needed. The service had recently taken on its own in-house psychiatrist, but staff were also able to access support from psychiatrists at the provider's inpatient facility, Marchwood Priory, which was located a short distance from the centre.
- Training records confirmed that the permanent staff were up to date with their mandatory training. The sessional therapists were also required to complete the provider's own mandatory training within six months of starting to work for them, regardless of whether they had already completed similar training under another employer. This included topics such as safeguarding of vulnerable adults and children, risk assessment, and personal safety training. All staff spoken with were positive about the quality and amount of training they received.

Assessing and managing risk to patients and staff

- We looked at six patients' care records and found they were up to date, consistent in quality, and that each contained an appropriate level of detail. All patients had a risk assessment undertaken at initial assessment and then this was reviewed at the end of the sixth therapy

Community-based mental health services for adults of working age

session. This was a checklist style risk assessment, with a free text box for additional information required. We saw that additional information had been added on two of the risk assessments.

- All the patients we reviewed were considered low risk and the service manager was clear that they would not be an appropriate service to support patients with complex needs or high risks of harm to themselves or others. Patients were given contact details for the Samaritans and other telephone support lines at the point of registering.
- We were given an example of how staff had responded promptly and effectively in response to identified deterioration in a patient's health. The course of action they had taken included notifying appropriate health professionals in order to help safeguard a patient who had become particularly vulnerable. Staff had also taken appropriate steps to involve the patient fully, and to ensure they understood and accepted the steps taken.
- Staff we spoke with showed a good understanding and knowledge of safeguarding procedures. There were designated children's and adult safeguarding leads based at the nearby Priory Southampton hospital who were available for advice and support. Safeguarding training was held monthly for all employees at the hospital and staff from the Wellbeing clinic were able to access these sessions. There were safeguarding processes in place for staff to report and record safeguarding concerns. There was a safeguarding folder, which contained relevant information about safeguarding, as well as the safeguarding incident report templates. There was a central overarching safeguarding register, which recorded all concerns raised, and any actions taken, for example, a referral to the local authority.
- Staff spoken with were able to explain circumstances when it would be appropriate for them to make a formal safeguarding alert. They each explained appropriate actions they would take in response to safeguarding concerns, which included notifying appropriate patients inside and external to the service. We tracked a recent incident and saw that the appropriate actions were taken and recorded.

Track record on safety

- Information from the provider and discussion with staff confirmed there had been no serious or significant incidents involving staff or patients since the service started.

Reporting incidents and learning from when things go wrong

- Although there had not been any significant incidents since the service started, we were assured that as the service was run under the local Priory hospital's governance structure, the necessary systems were in place to ensure that any future incidents would be properly recorded and responded to. Staff were confident that they would be supported by the provider in the event of a serious incident, and that there would be appropriate debrief and learning following any incidents. We were given an example of how learning had been shared following an incident at another of the provider's wellbeing centres. There were forums for staff to discuss any incidents and to share learning from incidents. For example, meeting minutes confirmed that safeguarding, learning from incidents and sharing good practice were standing agenda items for the quarterly staff meetings.

Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Comprehensive and timely assessments of patients' needs were completed. Patients completed a registration form prior to their first session, which included key personal details.
- We looked at six individual care records, including for two young patients under the age of 16. Care records were up to date, with referral and assessment details. Brief details following each session were recorded, including next steps. We saw examples of detailed assessment letters sent to the GP, and where medication had been prescribed this was clearly

Community-based mental health services for adults of working age

identified. If patients did not want their GPs to receive correspondence the therapist discussed this with the patient. If it was agreed that the GP does not need to be involved in any correspondence, an alert was put on the individual record and the paper file to ensure that patient wishes were maintained and no information sent.

Best practice in treatment and care

- The service used appropriate screening tools to help assess mood and anxiety. These were undertaken at the beginning, during and end of the therapy sessions to monitor how effective treatment had been in helping reduce anxiety or depression. For example, the patient health questionnaire PHQ-9 was used for screening, diagnosing, monitoring and measuring the severity of depression; and GAD-7, a self-reported questionnaire, was used for screening and measuring the severity of generalized anxiety disorder (GAD).
- There were appropriate measurement tools in place for children and young patients. For example, we saw that Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) was used. This is an assessment and outcome measurement tool used routinely to score the behaviour, impairments, symptoms and social functioning of children and young patients with mental health problems.
- The service delivered a range of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE). These included cognitive behavioural therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), art therapy and play therapy.

Skilled staff to deliver care

- Therapists were appropriately qualified and had been trained in the range of therapies provided at the service; which included relationship, play, art and cognitive behavioural therapies. The centre also had a therapist who specialised in eye movement desensitisation and reprocessing (EMDR). All staff spoken with were positive about the opportunities for learning and development with the provider.
- The two permanent staff both received regular supervision and an annual appraisal. Consultant psychiatrists attended quarterly peer meetings, and were linked in to the provider's local hospital for peer

support. Sessional therapists all arranged their own supervision, which was essential in order for them to maintain their professional accreditation. The records of this were checked by the provider on a regular basis.

- Team meetings had recently started, and were to take place quarterly according to the provider's standard template. We reviewed minutes to the initial meeting which had taken place shortly before our inspection visit. Topics covered included complaints, learning from incidents, and sharing good practice. The meeting had been attended by permanent staff, sessional workers and consultant psychiatrist. Staff were each required to attend a minimum of three of the team meetings in a year.

Multi-disciplinary and inter-agency team work

- There were effective handovers and channels of communication between teams within the organisation. For example, staff were able to refer patients through to psychiatrists quickly if needed. Therapists were able to redirect patients to colleagues who were able to provide specialist therapies better suited to the patient's specific needs. Staff spoken with described good working relationships with their colleagues, which contributed to the overall effectiveness of the service.
- Similarly, staff told us about effective working relationships with professionals and agencies external to the organisation. This included patients' primary care providers, such as GPs, and the local authority, including the safeguarding team.

Adherence to the MHA and the MHA Code of Practice

- The Mental Health Act did not apply within this setting.

Good practice in applying the MCA

- Staff had received training in the MCA, and appropriate support and processes were in place to ensure adherence to the Act.
- The service model meant that they provided treatment only to people who had been assessed as having the mental capacity to be able to consent to their own treatment. Therapists acted as gatekeepers, who would identify if a person's mental capacity changed during the course of treatment. If this was the case they would then follow appropriate processes, including making referrals to other services.

Community-based mental health services for adults of working age

- We saw in records reviewed that key information was recorded at the first meeting as part of the patient's assessment. This included consent to treatment and consent to sharing information. For example, it was written clearly in a care record that a patient didn't want their GP involved. We also saw an example where a patient under 16, in agreement with their main carer, had expressly withheld, in line with their wishes, the consent for their information to be shared with another named individual.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, dignity, respect and support

- Patients using the service told us, without exception, that they were treated with kindness, dignity and respect.
- We collected 10 separate feedback forms from patients who used the service. Each of these contained extremely positive comments about the service and staff. One person, for example, wrote that the staff had always treated them with a great deal of respect, kindness and dignity. They described the treatment they had received as life changing. Another person had fed back that staff had been very focused on their individual needs, and were very respectful and responsive to them.
- All of the staff we met and spoke with were conscientious, professional and committed to doing the best they could for the patients in their care.
- We saw how the provider had taken effective steps to maintain patient confidentiality. Systems for the recording and storage of patient notes ensured sensitive and confidential information was securely controlled.

The involvement of people in the care they receive

- Care plans were written and agreed with the full participation of patients. Patients and staff confirmed that objectives and outcomes were agreed before treatment commenced. Staff gave examples of how they made sure patients were then fully involved and informed throughout their treatment.

- Patients were supported to access independent advocacy services if and as needed. Staff had actively made contact and sought links with local advocacy services, and we saw leaflets publicising different local advocacy services were on display in the reception area.
- Patient feedback was sought within the first two or three sessions and at the end of the course of therapy. We saw feedback forms had been attached to care records. Patients were also able to provide feedback anonymously if they so wished, on feedback forms, details of which were prominently displayed in the waiting area.

Are community-based mental health services for adults of working age responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The service was able to see patients very quickly (within seven days) from the point of referral, and was meeting this timescale with all new patients.
- A number of steps were taken if clients did not attend appointments, depending on the nature of the person's treatment and whether there were any specific risks identified. This included contacting the person's GP or other appropriate agencies if a patient's failure to attend an appointment raised concern. Staff gave clear examples of how they took steps to engage sensitively and supportively with patients who found it difficult to engage with services.

The facilities promote recovery, comfort, dignity and confidentiality

- The building was decorated to a high standard, with quality furnishings throughout. This contributed to creating a very calming space, one conducive to therapeutic treatment. Patients' feedback about the facilities was positive.
- Interview rooms were adequately sound-proofed. 'White noise' speakers had been installed in each room, and these provided an unobtrusive ambient background noise, which effectively masked noises including

Community-based mental health services for adults of working age

conversations taking place in different rooms. We checked the operation of this system during the inspection visit and found it to be effective. Windows had been coated with a frosting so that lower panes were opaque, which further ensured patient privacy and dignity whilst still allowing for natural light to enter rooms.

Meeting the needs of all patients who use the service

- We saw there was a range of information provided for patients who used services. This included information on local support projects including advocacy, and how to feedback about the service they received.
- The service was able to access interpreters for patients whose first language was not English.
- The building had been adapted to ensure accessibility for disabled patients. This included flat surfaces and ramps for wheelchair users.

Listening to and learning from concerns and complaints

- All of the feedback on feedback forms and from patients we spoke with was extremely positive, and we received no complaints about the service. However, patients told us they felt able to complain should they ever wish to and that they believed they would receive an appropriate response from the provider.
- According to figures supplied to us by the provider, there had been no formal complaints since the service began in February 2016. The provider had a formal process in place and to be followed in the event of any complaint being received.

Are community-based mental health services for adults of working age well-led?

Good 

contributed to them feeling supported and valued by the organisation's senior team. Similarly, all staff spoken with spoke positively of the organisation, its values and the way in which it operated.

Good governance

- The service's performance was measured in a number of different ways. Referral to treatment times were measured and monitored. They also recorded patients who had not completed courses of therapy, and tried to analyse if there was anything they could have improved. Patients were encouraged to give regular feedback as to their satisfaction with the treatment provided. Anonymous staff surveys encouraged staff to give open and honest appraisal of the effectiveness of the service. On the business side, they looked at revenue and costs, expenditure against budget. The service manager was required to report back on all these key areas at a number of different management meetings and forums.
- It was explained to us by the service's manager that the service was operated as a remote ward of the main parent hospital, Marchwood Priory. Accordingly, the service manager was able to link to the different governance systems and processes of the hospital, for example health and safety. They were also able to access strong clinical support through the hospital, which was essential when managing risks with any particularly unwell patients using the service.
- Based on what we found at this inspection, there were effective systems and processes to demonstrate good governance of the service. Staff received appropriate training, supervision and support to be able to carry out their roles safely and effectively. The premises were laid out, managed and maintained to optimise the therapeutic environment. Patients' care records were up to date, consistent in quality, and each contained an appropriate level of detail. Patients were fully involved in their own care and treatment, and all patients spoken with confirmed they were very happy with the service they received.

Leadership, morale and staff engagement

- The service manager felt very well supported by her own line manager and the senior management team of the local parent inpatient facility. They told us they were able to access a full range of managers, guidance, and support with running all aspects of the service. This included clinical, business, administration, and IT

Vision and values

- The service manager told us that a number of senior managers from different parts of the provider group had visited the service, and it was clear that this had

Community-based mental health services for adults of working age

expertise. They believed that the company actively encouraged challenge, and saw opportunities for their own future development within the group. They had sufficient opportunities to feedback on services and were able input fully to the service's development through a number of different forums.

- All staff spoken with told us they felt well supported by colleagues, the service manager and more senior managers. They told us there was an open atmosphere, that they felt able to raise any concerns without fear of victimisation or rebuke, and that team meetings were a good opportunity to feedback and input to the service's development.