

Priory Rehabilitation Services Limited

# Priory Hospital Newbury

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Priory Hospital Newbury is a high dependency rehabilitation service for individuals with enduring mental illness working towards living life back in the community. It supports patients who require a high level of care and intensive therapeutic support.

Our rating of this location improved. We rated it as outstanding because:

- Without exception, all staff were passionate, committed, put patients at the centre of all they did, strived for excellence and enjoyed working at the hospital. Morale was good, all were signed up to the values and vision of the hospital. Staff were well supported through regular supervision, reflective practice, and appraisal.
- Without exception, all patients spoken with said they felt safe and enjoyed being cared for at the hospital. All spoken with said their lives had improved since coming to Priory Hospital Newbury. They described being given ‘another chance’, when others had given up on them, to live their best life. All had a good knowledge and understanding of their care/treatment plans, and all had a focus on being discharged and living in the community. Patients knew every member of the staff team, including the administration, cleaning, and catering staff.
- Care and treatment were rehabilitation and recovery oriented in line with nationally recognised best practice. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation hospital. Staff engaged in clinical audit to evaluate the quality of care they provided.
- There were enough staff, with the right skills and experience to keep patients safe and provide high quality care. There was minimal use of agency staff and those that were used were regular agency staff. Staff were extremely skilled and provided a wide range of care, treatment, therapies, and activities to support patients with their rehabilitation and recovery journey. The clinical psychology and occupational therapy vacancies had been recruited to and appointees would start in January 2024 – this completed the multidisciplinary team.
- There was a collaborative approach to care delivery – every member of staff was respected for their views and their contribution valued. All staff were welcome to join the morning huddles and detailed discussions took place to ensure everyone understood every aspect of the care that each patient required.
- The multidisciplinary team (MDT) members worked well together, they respected each other and valued each other’s contribution. They constructively challenged each other and decisions about treatment and care were made collectively. Patients were considered partners in their care and involved in discussions and decisions made at the MDT meetings. Risk assessment and care plans were updated during the MDT meeting – what was written was agreed by all, including patients. All then followed the agreed care plan.
- A quality improvement research project had been undertaken to ensure the consistency of risk assessment and care planning. This had resulted in safer, less restrictive care being delivered. Patients were fully involved in planning their care. Records were of a very high standard.

# Summary of findings

- Quality improvement work had ensured the hospital could offer patients high quality physical health care. There was a physical healthcare nurse in post who worked closely with the specialist doctor. There were good relationships with the local GP surgery and with other physical health care specialist teams, e.g., community diabetes team.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Good relationships had been developed with the local community and wider community which supported patients to access a wide range of activities and amenities. Patients were actively encouraged and supported to take up work opportunities, volunteering opportunities and join local clubs.
- Medicines management was excellent. Prescribing was thoughtful and considered and the medical team actively worked to reduce the medicines patients were taking. The electronic medicines system supported good practice. Patients' medicines records were audited monthly – all patient medicine records we reviewed were accurate and complete.
- Staff used a positive behavioural support approach when patients experienced difficult or challenging behaviours. They took a least restrictive approach. Restraint and rapid tranquilisation were very rarely used.
- Staff had developed a 'leave/absent without leave' folder for each patient. This provided staff with clear details of each patient's current access to leave, their Mental Health Act status and other key information. It contained an individual flow chart of the process to follow for each patient and when and who to escalate to when the patient had failed to return from leave. Staff had worked closely with the local police to ensure an appropriate response. The security nurse on each shift was responsible for ensuring they recorded when patients went on leave, when they were due to return and for initiating the appropriate response if patients didn't return from leave on time.
- Staff were passionate about improvement and described that they were striving for excellence so they could deliver the best care possible to the patients. Quality improvement initiatives had resulted in improvements in care for patients. The hospital had a quality improvement group, an identified QI lead and plan of projects it planned to progress.
- There were good relationships with commissioners and other stakeholders. Managers were working with commissioners to increase referrals which had fallen after a block contract had been discontinued in 2023.
- All areas of the hospital were immaculately clean and well maintained. Patients had access to a large garden which provided good facilities. For example, a pool room, gazebo, BBQ, sporting facilities, seating areas, summer houses, a planting shed and small allotment plot.
- The hospital was well led, and senior leaders were knowledgeable, skilled, and experienced. They provided positive, proactive, and professional leadership and staff and patients liked and respected them. They empowered staff and encouraged all staff to lead and make decisions in partnership, so actively promoting positive outcome for patients.
- Governance systems and processes were robust and ensured the smooth running of the hospital.

However:

# Summary of findings

- There were often issues with the Wi Fi. Access could be slow and frequently dropped out which meant staff sometimes lost work or work took more staff time than it should have done.
- The hospital did not have a clear vision and strategy for its future and how it would attract more referrals to fill the empty beds and stay within budget. Some plans had been developed to reopen Birch ward to provide additional 'step down' facilities, to re-open Orchid ward (currently part of Rowan ward) as a five bedded High Dependency Unit and use Rowan ward to care for patients who no longer needed HDU care but were not yet ready for 'step down'.
- Lots of excellent work, including quality improvement projects, were taking place at the hospital but hospital leaders were not always good at describing, sharing, and promoting what they did.

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

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# Summary of this inspection

## Background to Priory Hospital Newbury

Priory Hospital Newbury is a high dependency rehabilitation service for individuals with enduring mental illness working towards living life back in the community. It supports patients who require a high level of care and intensive therapeutic support.

The hospital is situated close to local amenities and transport links. It has a high dependency, community focused rehabilitation ward and flat, which provides a step down into independent living.

There are 34 beds.

- Rowan Ward - 22-bedded male high dependency ward.
- Poplar flats - 4 beds for patients who need of a safe environment and transitional support prior to moving on to live in the community and whilst waiting for an appropriate placement in the community.
- Birch ward was closed at the time of the inspection.

There were 17 patients on the ward and 2 patients in the flats receiving care at the time of the inspection. Eighteen patients were detained under the Mental Health Act (1983). With four detained under Ministry of Justice sections.

The hospital was previously known as The Cloisters and supported both male and female patients. It opened in June 2012 with a 10-year block contract with Berkshire Healthcare NHS Foundation Trust. It originally provided rehabilitation services to patients who had spent many years at a local long term mental health hospital. The Priory Hospital Newbury was successful in discharging a number of patients who had been transferred from this hospital but also provided end-of-life care for some of the older patients.

The block contract came to an end in July 2022. The number of patients at the hospital declined. However, the hospital has started to see some increase in referrals; the complexity of the patients being referred has increased.

The hospital is currently looking at adapting its model of care. It no longer supports female patients as it has seen a reduction in demand for female rehabilitation services.

The hospital is struggling to stay within budget with the reduction in the number of patients. Some plans have been developed to reopen Birch ward as an additional step-down facility, to reopen Orchid ward as a five bedded HDU and repurpose Rowan ward to progress rehabilitation and recovery once patients had settled and were working towards a 'step down' facility. The hospital was also considering providing a service of patients with ASD alongside their mental health issues.

A definitive model had not yet been decided upon.

We carried out this inspection as we had not inspected Priory Hospital Newbury since April 2017. At that inspection we rated it Good overall and Good for each of the five key questions (are services, safe, effective, caring, responsive and well-led).

Prior to that inspection we had inspected the hospital in 2013 and 2015.

# Summary of this inspection

The hospital is registered to provide the following regulated activities:

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

At the time of our inspection there was a registered manager in post.

## What people who use the service say

Without exception, all patients spoken with said they were very well cared for and that the staff were very kind, compassionate, treated them with respect and gave them hope. They all said that ‘staff were lovely and there to help them get better’.

They all said that the doctors helped them with medication, including reducing their dependence on it and were realistic in their expectations of them.

They all enjoyed the music group, community outings and planned activities. They said they felt empowered to make requests about activities, leave, medication and family visits, and that they were encouraged to visit family or have family visit if and when they wanted.

They said they knew everyone who worked there and really liked the chef and that the food was good.

Patients said that staff were supporting them to move on but that they didn’t feel rushed which made them feel better. All were aware they had a care plan and risk assessment and said they had been involved in discussions and planning their care.

All patients were aware of when they had leave from the hospital and when their next leave review was. They said this helped keep them “on track”.

One of the patients told us the hospital had changed their life. They said nowhere else had helped as much as the staff at the hospital; they explained they were quite unwell when they arrived, and staff had never given up on him. They said the staff and the accommodation were superb and they were now becoming independent which was a high point in their life, and they could “see the path ahead” and the one they been walking. They said they couldn’t thank staff enough.

## 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.



# Summary of this inspection

During the inspection visit, the inspection team:

- Toured the hospital and its grounds.
- Visited the wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 8 patients.
- Spoke with the registered manager (hospital director)
- Spoke with 18 other staff members: including the medical director, consultant psychiatrist and specialist doctor, the director of clinical services, the physical health care nurse, various therapists, registered nurses and support workers doctor, the MHA administrator, HR, and staff from catering and housekeeping.
- Attended and observed a multidisciplinary meeting (ward round), staff clinical huddles, and a number of patient activity groups.
- Reviewed 8 patient care records.
- Reviewed how medicines were managed and looked at all patients' medicine records.
- Reviewed a range of policies, procedures and other documents relating to the running of the hospital.

can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- The medical director had led work to review how risks were graded during risk assessments and found staff viewed risks in different ways, so they were graded differently (even though they were grading using nationally recognised gradings of risk). This meant the related plan of care was not always in line with the risk. Collectively the staff team agreed the descriptors they would use for each grade so all viewed assessment of risk in the same way. This meant they could now plan care in a consistent way and patients could be fully involved in knowing their plan of care according to clear criteria. Risk assessment and care plans were then reviewed, in partnership with patients, at MDT meetings and changed/amended in the meeting so all were aware of the care that each individual patient needed going forward. The medical director had shared this work with colleagues at other Priory hospitals and wider which had been well received. An article detailing the work was due to be published imminently in an acclaimed clinical journal.
- The hospital had a focus on supporting patients to live healthy lives. This included regular physical health care assessment and monitoring. A physical health care nurse had been employed and worked closely with the speciality doctor to ensure all patients were monitored regularly. All patients had a physical health care plan and understood why they were being monitored. Through this approach they had empowered patients to take control of any physical health problems. There was excellent partnership working with the local GP surgery and various community physical health care teams.
- Staff kept a paper based 'leave/absent without leave' folder for each patient. This provided staff with the detail of each patient's current access to leave, their Mental Health Act status, a description, and photograph of the patient and other key information. For example, where they might go if they did not return from leave on time, key contacts etc. They also contained a flow chart of what process to follow for each patient and when and who to escalate to when the patient had failed to return from leave. The police also had copies of the files of those patients who potentially could be a danger to themselves or others. Staff had worked closely with the local police to ensure an appropriate response.

# Summary of this inspection

The security nurse on each shift was responsible for ensuring they captured when patients went on leave, when they were due to return and for initiating the appropriate response if patients didn't return from leave on time.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- The service should ensure Wi Fi provision is improved to minimise the frequency with which the Wi-Fi dropouts.
- The hospital should develop a clear vision of its model for the future and strategy to support the delivery of the vision. This should be done at pace and should include engaging with commissioners to ensure they are aware of what the hospital can offer in order that appropriate referrals can be made to increase the number of patients being admitted.
- If the hospital decides to offer a service to patients with Autistic Spectrum Disorder (ASD), alongside their mental illness, the hospital should consider recruiting more staff with specialist qualifications and training in ASD.
- The hospital should consider how it could proactively share learning and publicise the good work that it is doing more widely.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	<div>Good</div>	<div>Good</div>	<div>☆ Outstanding</div>
Overall	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>	<div>Good</div>	<div>Good</div>	<div>☆ Outstanding</div>

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Safe	Outstanding	☆
Effective	Outstanding	☆
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●

## Is the service safe?

Outstanding



Our rating of safe improved. We rated it as outstanding.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough environmental risk assessments of all areas of the hospital, including the ward area, the flats, therapy rooms and the garden and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards. CCTV was appropriately located in communal areas and supported staff observation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were ligature maps of every area of the hospital and staff kept a ligature folder that detailed everything staff should do to mitigate ligature risks. All staff were aware of this folder, had read the contents which they said was also used to support their training. Staff were aware of where ligature cutters were kept and knew how to use them should they need to.

Alarms were issued to staff at the start of each shift and patients had easy access to nurse call systems.

### Maintenance, cleanliness, and infection control

All areas of the hospital were visibly clean, well maintained and fit for purpose. Bedrooms were spacious with good quality furniture, as were all other areas in the hospital.

Staff followed infection control policy, including handwashing.

### Clinic room and equipment

The clinic room was visibly clean and fully equipped, as was the room used by the physical health nurse, where much of the physical healthcare monitoring equipment was kept.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Resuscitation equipment and emergency drugs were easily accessible, staff knew where they were and they were checked daily and weekly. Audit documentation was clear and up to date.

Staff checked, maintained, and cleaned equipment.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. There was a vacancy for a Registered Mental Health Nurse and a small number of support worker hours. These vacancies were covered by staff working for the hospital's dedicated bank service. Agency staff were used occasionally, mainly to cover staff sickness or if there was an increase in constant observations, but any agency staff used were regular staff who knew the patients well. During October 2023 agency staff were used for approximately 250 hours.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates. In the last year the average turnover rate was approximately 2.5%.

Managers supported staff who needed time off due to ill health. Staff gave examples of how they had been supported to take time off, and/or work flexibly when they had been sick, during pregnancy, when members of their family had been sick or if they'd experience a family emergency. In addition, staff were supported to work flexibly to ensure they could meet family commitment.

Levels of sickness were low. In the last year levels fluctuated between 0.2% and 4.7%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing levels could be adjusted according to the needs of the patients.

Patients had regular one-to-one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

## Medical staff

The service had enough medical staff during the daytime. At nighttime a doctor was available on call, a doctor from one of the nearby Priory hospitals could attend the hospital if needed or staff could access the emergency cover provided by the GP surgery or 999.

## Mandatory training

The majority of staff (95% in October 2023) had completed and kept up to date with their mandatory training. Staff received an email to let them know when they needed to complete an aspect of training. Managers discussed training in supervision and monitored staff completion.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The mandatory training programme was comprehensive and met the needs of patients and staff.

To complement the predominantly online mandatory training programme, a suite of scenarios had been developed covering a range of subject areas. For example, managing restraint safely, responding to medical and other emergencies, how to respond in the event of a patient ligaturing etc. Managers used this in face-to-face discussions with staff. Staff found these useful, particularly to keep up to date with aspects of care they rarely used, such as physical interventions. The scenarios helped them reflect on their response, consider how they best might support patients and each other and how they might ensure they maintained good practice.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they rarely used restraint and never used seclusion. Staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed comprehensive risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool.

The medical director had led work to review how risks were graded during risk assessments and found staff viewed risks in different ways, so they were graded differently (even though they were grading using nationally recognised gradings of risk). This meant the related plan of care was not always in line with the risk. Collectively the staff team agreed the descriptors they would use for each grade so all viewed assessment of risk in the same way. This meant they could now plan care in a consistent way and patients could be fully involved in knowing their plan of care according to clear criteria. Risk assessment and care plans were then reviewed, in partnership with patients, at MDT meetings and changed/amended in the meeting so all were aware of the care that each individual patient needed going forward. The medical director had shared this work with colleagues at other Priory hospitals and wider which had been well received. An article detailing the work was due to be published imminently in an acclaimed clinical journal.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff could generally easily observe patients in all areas of the ward but followed procedures to minimise risks where they could not easily observe patients. CCTV in communal areas also supported observations.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### Use of restrictive interventions

Levels of restrictive interventions were low. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff rarely used restraint. They used a positive behavioural support, least restrictive approach when patients experienced difficult or challenging behaviour.

Restraint and rapid tranquilisation were only used when de-escalation had failed and was used to keep the patient and others safe.

Intramuscular rapid tranquilisation had only been used once in the last 12 months.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute of Care and Clinical Excellence (NICE) guidance when using rapid tranquilisation.

Seclusion and long-term segregation were never used.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. Ninety five percent of staff had completed training (as of October 2023).

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff followed clear procedures to keep children visiting the ward safe. Children rarely visited the hospitals, but staff were clear on the procedures they should follow should they have a child visit. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

The hospital used an electronic patient record system. Patient notes were comprehensive, and all staff could access them easily. All aspects of the records were detailed and up to date. Patient risk assessments and care plans were updated for each patient during each MDT meeting (ward round), so everyone always knew they were accessing the most up to date record.

Staff kept a paper based 'leave/absent without leave' folder for each patient. This provided staff with the detail of each patient's current access to leave, their MHA status, a description and photograph of the patient and other key information. For example, where they might go if they did not return from leave on time, key contacts etc. They also contained a flow chart of what process to follow for each patient and when and who to escalate to when the patient had failed to return from leave. The police also had copies of the files of those patients who potentially could be a danger to themselves or others. Staff had worked closely with the local police to ensure an appropriate response.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The security nurse on each shift was responsible for ensuring they recorded when patients went on leave and when they were due to return and initiating the appropriate response if patients did not return on time.

Records were stored securely.

## Medicines management

**The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely.

Each patient's medicines were reviewed regularly. A thoughtful, considered approach was taken and the medical team made every effort to reduce the amount of medication patients were taking. Staff provided advice to patients and carers about their medicines. They supported patients with physical health conditions to manage their medication. For example, a patient who was diabetic and been supported to use the patch and App system to monitor their blood glucose, so they knew what level of insulin they needed. Their care plan had been developed with the patient who had a good understanding of how to manage their diabetes.

Staff reviewed the effects of each patient's medicines on their physical health in accordance with NICE guidance.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff completed medicines records accurately and kept them up to date. All records we reviewed were up to date and had been completed accurately.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national best practice to check patients had the correct medicines when they were admitted or discharged.

Staff learned from safety alerts and incidents to improve practice.

A pharmacist from the local pharmacy supplier visited the hospital regularly to ensure all processes and procedures were being followed. Audits were completed monthly, all audit results that we reviewed (for the last three months) showed no errors had been made.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**



# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the Priory policy. Reports were comprehensive and contained all the required details.

The hospital had no never events on either the ward or flats. During October 2023 25 incidents had been reported, 11 involved one patient, whose care was managed through regular risk assessment and care planning. There were three safeguarding referrals made, all of which were closed by the local authority safeguarding team with no further action required. In August 2023 there had been 32 incidents reported and in September 2023 22 had been reported. Trends in incidents were analysed.

All incidents from the previous day were discussed in detail at the morning huddle and actions taken accordingly.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff discussed the feedback and made improvements to patient care as needed.

There was evidence changes had been made as a result of feedback. For example, as a result of patients not returning from leave on time. As a result of staff not initiating the absent without leave process in a timely manner the hospital introduced a security nurse for each shift and the leave/absent without leave folders had been developed.

Managers shared learning with their staff about never events that happened elsewhere. The hospital director and other key staff attended meetings with others from the Priory group were never events and any other learning from incidents were shared. They then brought this back to the hospital and discussed with staff and considered whether they might need to adapt/amend/improve practice as a result of the learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

## Is the service effective?

Outstanding



Our rating of effective improved. We rated it as outstanding.

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment of each patient on admission.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The hospital had a focus on supporting patients to live healthy lives. This included regular physical health care assessment and monitoring. A physical health care nurse had been employed and worked closely with the speciality doctor to ensure all patients were monitored regularly. All patients had a physical health care plan and understood why they were being monitored. Through this approach they had empowered patients to take control of any physical health problems. There was excellent partnership working with the local GP surgery and various community physical health care teams.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were developed collaboratively by the multidisciplinary team and in partnership with patients. They reflected clear, robust risk assessments and mental health and physical health assessments. They were updated during the multi-disciplinary meeting, agreed by staff and patients so all were clear on what the plan of care was for each patient.

Staff regularly reviewed and updated care plans when patients' needs changed.

As care plans were developed in partnership with patients they were personalised, holistic and recovery orientated. Both staff and patients had a clear focus on preparation for discharge, so patients could live their best lives in the community, regardless of where they were currently on their recovery journey.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to a wide range of psychological therapies, including art therapy, music therapy, trauma informed care, cognitive behavioural therapy, interpersonal therapy, and beneficial, meaningful activities. Therapists worked with patients to support them to understand that it was their life experiences that had meant they needed the care they did and not just their mental illness. Through specific therapies and activities and through all staff working consistently patients were supported to feel valued, through shared decision making and physically, psychologically, and emotionally safe so they could move forward and work toward living their best life in the community.

Staff delivered care in line with best practice and national guidance, including the National Institute for Clinical Excellence, and relevant clinical bodies such as Royal Colleges etc.

Staff identified patients' physical health needs and recorded them in their care plans. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The hospital had a focus on supporting patients to live healthy lives. This included regular physical health care assessment and monitoring. All patients had a physical health care plan and understood why they were being monitored. Through this approach they had empowered patients to take control of any physical health problems and well-being. Patients were supported to give up smoking, drink alcohol sensibly, take exercise, eat healthily, and maintain a healthy weight. The hospital used National Early Warning Scores (NEWS2) to identify any deterioration in patients' physical health.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



There was excellent partnership working with the local GP surgery and various community physical health care teams. Patients were provided with advice from knowledgeable staff but also had access to written information – there were leaflets and posters around the ward and hospital areas and staff actively encouraged patients to read these. They supported anyone who needed help to work through these.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff worked closely with the chef and catering team to ensure those with specific dietary needs had their needs met but also to ensure all patients received nutritional food that they liked.

Staff used Health of the Nation Outcome Scales (HoNOS) to assess and record the severity of patients' conditions and care and treatment outcomes. This enabled the multidisciplinary team to see how patients responded to intervention over a period of time.

Staff used technology to support patients. For example, a patient with diabetes was supported to monitor their glucose levels with a patch and App. Staff volunteered to test this system for a few weeks alongside the patient so they could see how it functioned and therefore be in the best position to support the patient. In addition, those who smoked had their carbon monoxide levels monitored so they could see how stopping smoking improved their breathing capacity. Staff encouraged patients to access the internet to view information about evidence-based care offered at the hospital and also look at facilities in the community they might like to access, including sports clubs, social activities, volunteering, and work opportunities.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. Staff completed a range of audits each month, e.g., medicines, care planning, incident and safeguarding referrals and management. These were reported to the Priory group. Outcomes, themes and trends were used to improve care and practice at hospital level and shared across the group so all hospitals could learn from these.

The hospital had a quality improvement group and a plan of projects it wanted to complete. Quality improvements that had already been used to improve care included a focus on physical health monitoring, smoking cessation, the risk assessment and care planning project, the lead safety nurse, leave time board (which identified the time each patient went on leave and the expected time of return) and the leave/AWOL patient folders. Planned projects included describing the case studies of patients from admission to discharge, including those who had been discharged and reviewing incidents to see how the systems operated impacts on patients and why incidents happen.

Staff were passionate about improvement. All staff spoken with described striving for excellence but always moving on and aiming higher together when a goal had been reached.

The hospital planned to apply for accreditation by the Quality Network for Mental Health Rehabilitation (inpatient rehabilitation) once the occupational therapist and clinical psychologist commenced in post.

## Skilled staff to deliver care

**The ward teams included and had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

At the time of the inspection the hospital had vacancies for an occupational therapist and clinical psychologist although both posts had been appointed to and staff were due to start in December 2023. However, the art therapist was a

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



clinical psychologist and one of the activity coordinators had nearly completed their occupational therapy training so provided some support whilst waiting for appointees to start in post and ensure patients had access to the range of therapy they needed. In addition to the therapists, patients had access to three motivated Occupational Therapy Assistants who worked with patients to provide a wide range of useful, beneficial, and appropriate activities. Activities were geared to supporting patients to learn and participate in activities that would help them live fulfilling lives in the community.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. All staff completed a full induction programme before they started. New staff shadowed experienced staff who acted as a 'buddy'.

Managers supported staff through regular supervision, reflective and constructive appraisals of their work. A number of registered nurses, the consultant psychiatrists, specialist doctor and therapists received supervision from external specialists and peers as well as managerial supervision at the hospital. Staff had access to team reflective practice on a regular basis and in addition, the art therapist also ran reflective practice sessions each month for any staff who wanted to attend. These sessions focused on supporting attendees emotionally.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were encouraged and supported to undertake specialist training that would help them to develop in their roles. Staff whose performance did not meet the standards expected by the hospital were managed well. Managers developed clear development plans which supported staff to develop and improve.

The hospital supported a number of staff undertaking apprenticeships and took student nurses funded by the Priory group and from a local University. The hospital was recently nominated for a positive support for students' award from the university.

All staff attend regular team meetings and also attended the hospital community meetings with patients.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary team (MDT) meetings to discuss patients and improve their care.

The multidisciplinary team members worked well together, they respected each other and valued each other's contribution. They constructively challenged each other and decisions about treatment and care were made collectively. Patients were considered partners in their care and involved in discussions and decisions made at the MDT meetings.

Risk assessment and care plans were updated during the MDT meeting – what was written was agreed by all, including patients. All then followed the care plan.

Ward teams had effective working relationships with external teams and organisations. For example, there were excellent working relationships with the local GP surgery who shared a record of each patients care that both the

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Outstanding



hospital and GP surgery could add to. Regular discussions took place to ensure patients received the care they needed. Positive relationships had been developed with local community teams, both specialist physical health care teams and the local community mental health teams. There were good working relationships with the local police to support the approach to patients who were AWOL. Good working relationships with the local authority safeguarding team; a social worker from the team provided dedicated support to the hospital. Despite the cancellation of the block contract in 2023 there were still positive relationships with commissioners who recognised the hospital had a successful track record of discharging patients who had previously spent many years in hospital. As a result, the hospital was receiving more referrals.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The hospital had a Mental Health Act administrator who made sure the managers and staff applied the MHA correctly, all followed appropriate processes, staff regularly discussed and explained patients' rights with them, and this was recorded in their care records, and reviews and tribunals were undertaken and managed accordingly. The MHA administrator attended the morning huddles and provided an update on any MHA related issues for each patient, including when each patient needed their section 132 rights explaining and updating.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients said they saw the IMHA regularly and felt confident they would provide the support they needed.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

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Outstanding



## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

## Is the service caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

## Kindness, privacy, dignity, respect, compassion, and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.**

Staff were discreet, respectful, and responsive when caring for patients. It was clear patients and staff had positive, trusting, and appropriate relationships and worked in partnership.

Staff described the ethos of the hospital was to put patients at the centre of everything they did. All staff, including the hospital director and medical director attended the patients community meeting so everyone could hear what was being said and concerns, issues and suggestions could be acted upon immediately by the most appropriate member of staff.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Without exception, all patients spoken with said they were very well cared for, and the staff were very kind, compassionate, treated them with respect and gave them hope.

They all said the doctors helped them with medication, including reducing their dependence on it and were realistic in their expectations of them.

They all enjoyed the music group, community outings and planned activities. They said they felt empowered to make requests about activities, leave, medication and family visits, and they were encouraged to visit family or have family visit if and when they wanted.

Patients knew everyone who worked at the hospital and that the chef provided good food that they liked. They were consulted about menus.

Patients said that staff supported them to move on but they did not feel rushed which made them feel better. All were aware they had a risk assessment and understood what their risk assessment meant for their care plan. All had been involved in discussions and planning their care.

All patients were aware of when they had leave from the hospital and when their next leave review was. They said this helped keep them “on track”.

One of the patients told us the hospital had changed their life. They said nowhere else had helped as much as the staff at the hospital. Staff had not given up on them despite them being quite unwell. They thought the staff and the accommodation were superb and they were now becoming independent which was a high point in their life and that they could “see the path ahead”.

Staff felt they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients or staff and swift action would be taken to address their concerns.

Staff followed policy to keep patient information confidential.

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured patients had easy access to independent advocates.**

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Patients were considered partners in their care so were fully involved in their risk assessments and planning of care. Patients understood what the risk assessments meant for their care and how if their risks changed their care plan would change. They were involved in discussions about their care at multidisciplinary meetings and agreed their care plan, along with staff. Those spoken with said this gave a sense of purpose, they knew what they were working towards and could help plan their own path towards recovery and discharge. All described how they were working towards living a life in the community and the staff involved and supported them to do things that enabled them to move along their pathway.



# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff supported patients to make decisions about their care and to take positive risks by encouraging patients to do the things they wanted to do. For example, supporting them to attend a local football club and go for a drink to the pub, with the other players, afterwards or supporting them to travel into London on their own to visit a place of interest but to keep in touch so staff were aware of timings for return and could provide support as needed.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. A number of patients who had been admitted to the hospital had autism spectrum disorder (ASD), alongside their mental illness. Staff adapted their communication style and ways of working to suit each individual patient. For example, ensuring they stuck to timetables, being very precise in their communications and writing a list of things in the order a patient needed to do them.

Staff involved patients in decisions about the service, when appropriate. A regular community meeting was held that all staff and patients attended. Managers brought proposed developments to the meeting to gain patients views. Patients could put their thoughts forward on the day to day running of the hospital and made suggestions of how things could be improved or what they would like to see developed. For example, they had put forward the idea of having a pool room in the grounds – this was then developed.

Patients were actively encouraged to give feedback on the services. We saw at the end of activities sessions patients were asked whether they enjoyed the session and whether they would want anything different to happen. Patients were excited about helping plan a variety of outings and activities for Christmas. They had planned for a brass band to come and play, for a music evening and for a Christmas meal out.

Staff made sure patients could access advocacy services. Patients were aware of who the advocates were and said they liked and trusted them. Some changes had been made to the provision of advocacy services and the current advocate was no longer available. A peripatetic advocate had been appointed as an interim measure and planned to visit the hospital each Tuesday until a substantive replacement could be appointed.

## Involvement of families and carers

### **Staff informed and involved families and carers appropriately.**

Staff actively supported patients to keep in touch with their families and friends. A number of patients had lost touch with their families or not seen them for some time before coming to the hospital. Staff explained how they had supported some patients to contact their families again.

Staff involved and engaged with patients' families in an individualised way – some families did not want to be updated regularly while others wanted to be very much involved and kept informed of their relative's care. Staff respected patient's wishes if they didn't want to have their families involved or updated about their care.

Staff helped families to give feedback on the service. A family member had offered to lead a family support group to get other families involved in helping the hospital learn and develop. This was in the process of being set up.

Patients were encouraged to invite their relatives to social gatherings at the hospital.

Staff gave carers information on how to find the carer's assessment.

## Is the service responsive?



# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Good



Our rating of responsive stayed the same. We rated it as good.

## Access and discharge

**Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. However, due to a lack of suitable placements in the community some patients stayed at the hospital even when they were well enough to leave.**

At the time of the inspection there were 17 patients on Rowan ward and 2 patients in the flats. The hospital had the capacity to support 34 male patients.

Between 2022 and 2023 the hospital received 45 referrals and admitted 6 patients, with 2 in the pipeline.

The hospital had been successful in supporting many of the patients who had transferred from another local hospital, as part of the 10-year block contract, to move into the community. Most of these patients had spent a great deal of their life in hospital. The block contract had come to an end in 2022. Following this, the number of referrals fell and the patients that were referred where often not suitable.

The hospital had reviewed and refined its admission criteria and had worked with local commissioners to ensure new referrals were appropriate. The service was seeing an increase in the number of appropriate referrals.

The hospital director, senior leaders and clinicians described the positive work they were doing with commissioners to encourage referrals. Commissioners recognised the hospital had a good record of supporting patients' rehabilitation, preventing reoccurring admissions to hospital and the onward move into the community. Although they saw this could take a long time, they could see the longer-term benefits of the recovery model that the hospital worked to.

In addition, there were plans to open a small facility (8 beds), on Birch ward (previously a female ward) for patients with complex mental health and neurodiverse needs or mobility issues. The facility would provide for those who needed a quieter, calmer environment than could be provided on Rowan ward. This had been welcomed by commissioners and the hospital hoped to fill these beds quickly.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. All patients had an anticipated date of discharge. The average length of stay was currently 18 months.

Managers and staff worked to make sure they did not discharge patients before they were ready. However, due to a lack of suitable placements in the community some patients stayed at the hospital even when they were well enough to leave. At the time of the inspection there were 9 patients who could be discharged but there was no suitable supported living accommodation in the local community.

Managers monitored the number of patients whose discharge was delayed and were working closely with local social services to find appropriate accommodations.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Despite a shortage of appropriate accommodation for patients to move on to, the hospital had successfully facilitated the discharge of several patients to less restrictive settings or into independent accommodation in the community.

Discharges were well planned and geared to each individual patient. For some patients a staged approach was taken where they initially spent a short amount of time in their new placement/accommodation, gradually increasing until they felt confident and settled. Or for some patients' staff would stay with them for a short while, gradually reducing the time they spent there as patients grew more confident. Staff worked closely with the local community mental health teams and social worker to ensure patients received the support they needed on discharge.

Most patients went on leave regularly, some staying out overnight. A bed was always available for them on return.

Patients could move to the flats when they were ready to start living more independently in preparation for their discharge. They could move back to Rowan ward if needed but most patients who moved to the flats did not. Patients saw a move to the flats as positive as they could see their end goal. One patient said moving to the flat had been a highlight in their lives as they could clearly see their path forward. Patients were only moved to the flats when they were ready and would only be moved back to Rowan ward if there were clear clinical reasons, or it was in the best interest of the patient.

If a patient became really unwell a bed at the local psychiatric intensive care unit (PICU) could be sought. However, the hospital made every effort to prevent this happening and would work with and support patients during their time of crisis to prevent the need to transfer them to the local PICU as the patient may see this as a backwards step in their care and the hospital always wanted patients to see there was a way forward.

## Facilities that promote comfort, dignity, and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

The hospital had undergone a major renovation since it opened 2017. All work had been done to a very high standard. As a result, the hospital was fit for purpose and provided excellent accommodation and facilities for patients' rehabilitation and recovery.

Each patient had their own bedroom, which they could personalise. They had a secure place to store personal possessions. In addition, patients could store ward contraband items in lockers which they could access, as appropriate, when they were going out of the hospital. For example, cigarettes and alcohol.

Staff used a full range of rooms and equipment to support treatment and care. There were dedicated therapy rooms that were appropriately equipped.

Communal areas were spacious, with good quality furniture. These provided a positive space to relax, listen to music, watch TV, engage in social activities and engagement. In addition, there were quiet areas where patients could go to sit and relax if they did not want to go into their bedroom.

The service had rooms where patients could meet with visitors in private and there was a multifaith room that could be used by patients, relatives, and staff. Patients could make phone calls in private.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The service had a large, well-kept garden which was divided into sections that allowed for different functions and activities. There was an outside space that patients could access easily. There was a separate building in the garden where patients could play pool, there were a couple of summer houses, a gazebo where patients could participate in activities if it was raining but not too cold. There was a BBQ, sports facilities, a large patio with seating area and a potting shed and small allotment. Patients liked the garden and the facilities.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients in the flat were encouraged to cater for themselves. Although they said they liked the food the chef cooked so often had meals from the hospital kitchen.

The hospital offered a variety of good quality food.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education, and family relationships.**

Staff made sure patients had access to opportunities for education, work and activities in the community and supported patients to access these. The hospital was on a bus route which provided easy access to Newbury and good rail links. Patients frequently used public transport to access community facilities. One patient regularly travelled into London to visit a specific landmark they were fond of. Staff supported this as part of their plan of care. Several patients attended work, volunteering, and education. The hospital had a number of cars that the Occupational Therapy Assistants used to transport patients to a wide range of activities. They encouraged patients to live active lives in the community by joining local sports groups and other social groups.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the hospital and the wider community.

## Meeting the needs of all people who use the service

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.**

The hospital could support and make adjustments for disabled people and those with communication needs or other specific needs. There was a lift so those with mobility difficulties could access both floors of the hospital and an accessible bathroom.

Staff had received training in caring for LGBTQ+ patients.

Staff made sure patients could access information on treatment, there were leaflets and posters around the ward, flats, and hospital. There was information about local services; staff actively supported patients to access these. Patients knew about their rights and also how to complain should they need to.

The hospital had information leaflets available in languages spoken by the patients and local community and interpreters and signers could be provided should patients need these.

The hospital provided a variety of food to meet the dietary and cultural needs of individual patients.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Patients had access to spiritual, religious, and cultural support. There was a multifaith room on site and patients who wanted to attend places of worship were encouraged and supported to do so.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives, and carers knew how to complain or raise concerns. Information about how to raise a complaint was clearly displayed in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The hospital had received 4 complaints in the last year, investigated these thoroughly and changed a number of its practices as a result. For example, it changed the information given to patients prior to admission and on admission. This ensured patients were aware that, although the hospital focussed on rehabilitation, not everyone would be able to come and go freely. Risk assessments would need to be completed and care planned with the patient to ensure leave was agreed. This supported the patients' rehabilitation but also kept them and others safe. The hospital had also reviewed National Early Warning System 2 training following a complaint about not following up a physical health issue in a timely manner. This had led to the current strengthened practice in the use of NEWS2.

In addition to learning lessons and changing practice, the hospital provided an apology and also invited relatives to help them continue to improve practice. Staff understood what was required under the Duty of Candour.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The hospital had received 18 written compliments in the last year which they used to learn, celebrate success, and improve the quality of care.

## Is the service well-led?

Good



Our rating of well-led stayed the same. We rated it as good.

## Leadership

**Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The hospital director, medical director, director of clinical services and other clinical and professional leaders had the skills, knowledge, and experience to lead and manage the hospital and ensure the delivery of safe, high-quality care for patients. Staff felt all leaders were visible, approachable, and supportive. Staff said they were clear about the standards expected of them, leaders empowered them to make decisions and take action as needed but also held them to account, which they welcomed as this made them feel valued and respected. Leaders were seen as hard working and committed.

## Vision and strategy

**Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.**

All staff spoken with described a philosophy of putting patients at the centre of everything they did, supporting them to be partners in their care, giving them choice, encouraging them to take responsibility and move out of hospital into a community setting that supported them to live their best lives.

Patients clearly articulated that staff supported them to develop the skills needed to live independently in the community.

Staff we observed and spoke with demonstrated the hospital's key values of putting people first, acting with integrity, being positive and striving for excellence.

However, the hospital did not have a clear, written vision and strategy for its future and how it would attract more referrals to fill the empty beds. The hospital was struggling to stay within budget with the reduction in the number of patients following the withdrawal of the block contract in July 2022.

Some plans had been developed to reopen Birch ward to offer an additional 'step down' facility to those patients who no longer needed a high dependency unit (HDU) environment and needed a calmer, quieter and more peaceful environment for those preparing for, or ready to move on to live in the community, when suitable accommodation became available. In addition, there were thoughts of splitting Rowan ward – it was previously 2 wards, Rowan, and Orchid. Orchid would function as a 5 bedded rehabilitation HDU; it had the facilities with safe, ligature free rooms and more robust facilities. Whilst Rowan would progress the rehabilitation and recovery model once patients were settled and working towards a 'step down' facility. The hospital director was aware commissioners were interested in rehabilitation and recovery facilities for those patients with autism spectrum disorder alongside their mental illness and felt this may be a provision they could offer.

A programme of development for staff was being progressed to prepare them for caring for patients with more complex and neurodiverse needs. However, a definitive model had not been decided upon and this model had not been fully described and discussed with commissioners.

Priory's service development manager was working with commissioners to secure more referrals. The hospital director recognised there would be benefit in them being involved in these discussions so they could explain the proposed model and promote the service more. Work was being done to expand the commissioner base and also develop marketing material that would clearly explain what the hospital could offer.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



## Culture

**Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff treated each other with kindness and respect. All staff spoken with said they felt valued and listened to and there was an inclusive culture at the hospital. They described working at the hospital as being “part of a family”. They said they would feel confident that if they raised a concern, it would be dealt with professionally in a timely manner.

Staff said morale was good and they were proud to work at the hospital. They felt supported to develop their careers and were given opportunities to progress training and education. Some staff described how they had been given opportunities to work flexibly to fit with their home commitments and how they had been supported during pregnancy, sickness, and difficult family issues. They also had access to well-being support if they needed it. The hospital had a staff wellbeing fund of £154 per month to spend on items or events for staff. It was hoped this went some way to showing staff how much they were valued, celebrated, and appreciated.

The hospital had a staff recognition award scheme. Staff could nominate each other for the award which was given out on a monthly basis. Staff were given vouchers or prizes in recognition of their good work. The Priory group also had a Priory recognition award. Teams or individual staff members could be nominated for an award under different themes such as the green award, striving for excellence, newcomer of the year, outstanding contribution, safeguarding hero etc.

Staff and the hospital proudly displayed their awards in the reception area of the hospital.

Most staff were aware of some senior leaders of the Priory group. They said they were aware the quality improvement lead and the regional director visited the hospital regularly and the chief executive sent a weekly summary of what was happening across the Priory group.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at ward, team and hospital level and that performance and risk were managed well.**

Governance systems and processes were robust. The morning meeting (huddle) ensured all were aware of staffing levels, observation levels, any incidents that had happened since the previous huddle, any changes in patient care as a result, any appointments, and physical health checks needed that day and any other issues that staff needed to be aware of. There was a set format for the huddle, notes were taken, and it operated effectively. Multidisciplinary team meetings were held to manage patient care. In addition, a number of groups were in place to ensure the safe management and running of the hospital – these included a clinical governance group, quality improvement group, and managers meeting.

The hospital clinical governance group fed into the Priory group clinical governance group. Senior leaders and clinicians also fed into relevant Priory group meetings to ensure a two-way flow of information from ward level through hospital level and corporate level and back.

## Management of risk, issues, and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The hospital risk register clearly identified the main risks and the risk level, risks all had control/mitigating actions against them and timeframes for addressing the risks.

The site improvement plan was clear and documented all the improvements required broken down into categories. It was up to date and reviewed regularly.

The hospital carried out a series of clinical audits, including a ligature audit (which was also detailed on the site improvement plan) and recorded information about incidents and complaints/compliments. The information was summarised and presented monthly in a key performance indicator dashboard so managers could clearly monitor and address any areas that needed improvements.

Senior staff carried quality 'walk rounds' each a month where they assessed the environment, documentation and talked to patients about their experience. Patients were encouraged to participate in the quality walk rounds identifying what they thought could contribute towards making improvements. In addition, the completion of documentation was reviewed monthly, and the director of clinical services and hospital director conducted regular, random walk rounds.

The hospital had contingency plans in place for major incidents and unforeseen circumstances which could affect the running of the service.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Staff had access to the equipment and information technology needed to do their work. However, there were often difficulties with the Wi Fi access; it was slow and frequently dropped out which sometimes resulted in staff losing work and information and having to redo this. Despite this patient records and information that supported the running of the hospital was of a high standard.

Leaders and managers had access to key information to support them with their management role. The hospital used systems to collect data from wards that were not overly difficult for staff.

Information governance training was mandatory for all staff and this included maintaining confidentiality of patient records. Staff made notifications to external bodies as needed, such as CQC and the local authority safeguarding team.

## Engagement

**Managers engaged actively other local health and social care providers and commissioners to ensure the service met the requirements of the local population and that patients were provided with the services and support needed to aid their rehabilitation and recover. In addition, staff worked closely with local community services/facilities to ensure patients had access to services that would support their integration into the community.**

Managers were working hard to rebuild positive relationships with commissioners, which had become strained after the discontinuation of the block contract. Referrals fell and therefore the number of patients fell; the hospital could no longer provide a service to females. However, commissioners had recognised the hospital's success in discharging patients who had previously been in hospital for many years and so were now making referrals once again. The hospital director recognised that discussions benefited from them speaking directly with commissioners to explain what the hospital could offer to patients.



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Outstanding



Managers at the hospital had developed good working relationships with local health providers, particularly the local GP surgery which was close to the hospital. The hospital and the surgery had developed a 'live' record for each patient that both added to. This ensured that all knew about any changes with each patient's health care needs and allowed each to respond appropriately. In addition, there were good relationships with the local community speciality physical health care teams. For example, the diabetic team.

The hospital worked closely with the local community mental health teams to provide the right support in the community once a patient was discharged and ensure patients got to know key staff who would support them once discharged. They worked with the local social services team to source suitable accommodation/placements for each patient.

Staff at the hospital actively sought out and engaged with local community facilities to ensure patients had access to a wide range of facilities. Patients had access to local work opportunities, volunteering opportunities, sports clubs, leisure centres etc. which helped them develop skills and confidence in community settings.

## Learning, continuous improvement and innovation

All staff spoken with were proud of the care they provided at the hospital. They described not being content with doing the right things but described wanting to do the very best thing for patients. There was a culture of striving for excellence which all staff signed up to and staff were always looking for ways to improve.

The quality improvement group had an active set of projects that were progressing. Staff were particularly proud of the work done to improve patient physical health care and support them to live healthy lives through the smoking cessation, health eating and exercise projects.

The art therapist was progressing a project with therapists from other hospitals that used animation psychology to help patients work through previous traumas in their lives.

The medical director, specialist doctor and a colleague from another organisation had conducted a research project looking at the correlation between risk assessment and care planning. This had resulted in better care-planning, better management of high-risk behaviours and safer and less restrictive care at the hospital. An article describing the project was due to be published in an academic clinical journal in January 2024.

The hospital planned to apply for the Royal College of Psychiatrists Quality Network for Mental Health Rehabilitation Services accreditation (AIMS – Rehabilitation) once the clinical psychologist and occupational therapist commenced in December 2023. AIMS is a quality improvement programme that recognises good practice and high-quality care whilst supporting services to identify and address areas for improvement.