The Priory Hospital Sturt House

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

Are services effective?

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.

Overall summary

This was a focused inspection to check that the provider had complied with the requirement notice issued following our last inspection on 2-4 November 2015.

We found that the provider was compliant with the requirements because they had taken action to improve staff supervision at The Priory Hospital Sturt House since the last CQC inspection. Staff were receiving regular and appropriate supervision.

Summary of findings

There was a robust process in place for the scheduling and recording of supervision sessions. All staff had an identified supervisor appropriate to their professional role. The supervisor provided monthly supervision which was recorded on a supervision template and signed by both parties.

Eighty one per cent of clinical staff had received at least one monthly supervision in the six months prior to our visit.

Summary of findings

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Summary of this inspection

Background to The Priory Hospital Sturt House

The Priory Hospital Sturt House is a large detached property which can accommodate up to 21 patients. The service is an all-male, low secure step down rehabilitation unit providing specialist assessment and treatment.

The core service provided at The Priory Hospital Sturt House is long stay/rehabilitation mental health wards for working age adults.

The Priory Hospital Sturt House is registered to carry out the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

The Care Quality Commission carried out a comprehensive inspection of The Priory Hospital Sturt House on 2-4 November 2015. At that inspection the provider received an overall rating of 'Good'. However, it received a 'Requires Improvement' rating in the effective domain due to the process of supervision not being embedded within the service.

We carried out this unannounced inspection to review the provider's previous non-compliance relating to the supervision of staff at The Priory Hospital Sturt House.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We carried out this unannounced inspection to check whether The Priory Hospital Sturt House had taken appropriate, remedial action to address the non-compliance factors contained in the requirement notice issued following the comprehensive inspection of services on 2-4 November 2015.

- Staff had not received regular and appropriate supervision to enable them to carry out the duties they were employed to perform.

In November 2015, we found the service to be non-compliant with the provision of regular supervision for staff. Staff had been receiving supervision on an infrequent basis, in an informal manner with no record made of the discussions. The commitment to provide supervision had not been embedded in the service. The four staff files that were reviewed did not contain any evidence that staff were receiving regular, formal and recorded supervision.

The provider was issued with a requirement notice following the inspection and submitted an action plan detailing improvements that it would make to the provision of supervision at The Priory Hospital Sturt House.

How we carried out this inspection

The inspection team spoke with four staff, the hospital director and the clinical services manager. We reviewed the supervision policy and the master record for

Summary of this inspection

scheduling and recording individual supervision sessions. We reviewed progress against the provider's action plan relating to improvements in the delivery of supervision to staff working at The Priory Hospital Sturt House.

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 effective?

We found that the provider was compliant with the conditions outlined in the requirement notice and was providing regular and appropriate supervision to enable staff to carry out the duties they were employed to perform.

This was because:

- The provider had a clear system in place to plan and record monthly supervision sessions for staff. The record was updated when supervision had taken place and was amended when staff joined or left employment at the service. All staff retained signed records of their supervision meetings.
- All staff had an allocated supervisor appropriate to their role. In the last six months 81% of staff had met with their supervisor at least once a month.
- The provider reviewed supervision delivery performance in the monthly clinical governance meeting and took remedial action if performance was deteriorating.

Long stay/rehabilitation mental health wards for working age adults

Effective

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

- Supervision for all staff working at Sturt House was scheduled at monthly intervals on a single record which showed staff names, their role and their nominated supervisor. Once supervision had taken place the supervisee e-mailed the site learning administrator who entered the date on the record. This gave assurance that supervision was regularly scheduled and confirmation that it had taken place.
- In the months April to September 2016, 81% of clinical staff had received supervision at monthly intervals.. Where the supervision meeting had not happened, a reason was entered on to the record. Reasons recorded included annual leave and sickness. However, there were several blank entries on the record and at the time of inspection the manager agreed to review the recording categories with the site learning administrator to ensure all reasons for missed supervisions were accurately recorded.
- The clinical services manager monitored information from the supervision attendance record and this data was also submitted to the monthly Sturt House clinical governance meeting. Minutes of the meeting showed that supervision rates had been discussed in two of the last three monthly meetings. An action point had been raised in the September meeting regarding a drop in the rates of supervision at the service in August. This was due to sickness and annual leave. It was agreed that the service needed to increase the priority for supervision in the following months.
- The service used a supervision recording form which was used to take minutes of each supervision meeting. This was signed by both the supervisee and the supervisor. This enabled the content of the supervision to be reviewed by both parties at set periods. We reviewed the completed records of two staff members that showed this process was being followed.
- The supervision attendance record contained an accurate listing of current staff working at the service. There was evidence of new staff being added to the list at the date of the commencement of their employment, and a leaving date had been recorded for when staff had left the service. This ensured that the information on the record was always up to date.
- All staff had a supervisor identified on the attendance record who was appropriate to their role at Sturt House. The nurses were supervised by senior nurses who had been trained in providing supervision.
- There was evidence in the staff records that cover arrangements were in place for when a supervisor was absent or on leave. An alternative supervisor had been identified and this enabled staff to continue to receive supervision at these times.
- The manager told us that the service wanted to increase the number of staff with supervision skills. One nurse had attended supervision training in June 2016 and a second nurse was due to attend the training in November 2016. Most staff at the service worked day and night shifts, and weekends. The manager told us that having more trained staff would make it easier to schedule supervision. The manager told us it had been difficult to identify training for the health care assistants and that the service was currently looking for a suitable trainer to deliver supervisor training.
- Staff we spoke with told us that they valued the supervision that they received and that it happened regularly. They said they used it to discuss and plan their work, to receive support and guidance, and to focus on training and development needs. Staff reported that the supervision they received was clinically useful for them as they were able to put forward ideas and reflect on events and outcomes for patients.