

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Priory Hospital Roehampton

Priory Lane, London, SW15 5JJ

Tel: 02088768261

Date of Inspection: 12 March 2014

Date of Publication: April 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Management of medicines**

✓ Met this standard

**Staffing**

✓ Met this standard

## Details about this location

Registered Provider	Priory Healthcare Limited
Registered Managers	Mr. Mahmad Salim Atchia Ms. Alison Margaret Pleszak
Overview of the service	<p>The Priory Hospital Roehampton is an independent hospital specialising in the management and treatment of mental health problems including addictions and eating disorders. It also treats people who have been detained under the Mental Health Act 1983.</p> <p>In this report the name of a registered manager appears who was not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.</p>
Type of services	<p>Long term conditions services</p> <p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Rehabilitation services</p>
Regulated activities	<p>Accommodation for persons who require treatment for substance misuse</p> <p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether The Priory Hospital Roehampton had taken action to meet the following essential standards:

- Management of medicines
- Staffing

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist.

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### What people told us and what we found

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We spoke with two people using the service during our inspection. They told us that "staff are good", "the ward manager is brilliant", and that they had no problems with their medication.

We observed how medicines were administered to two people and saw that medicines were explained to them and that nurses observed that they were swallowed before recording that they had been given. We looked at seven drug charts and consent forms to give medication and saw that all medicines listed as given were signed and dated and correlated with the consent forms.

We observed that the prescription charts were checked by the pharmacist for accuracy and if a medicine was omitted the gap was identified and appropriate action taken. We saw that there was a regular audit of the charts and the results were recorded in an audit book.

Ward managers confirmed that there had been a recruitment drive in the past few months. One person told us "we have had new staff inducted to the ward". Another staff told us "we always call bank staff if possible, it's very rare that we use agency" and "you see familiar faces now".

The Human Resources (HR) department had taken steps to try and improve the recruitment process for new staff. Where agency or bank staff were used, core competencies and revised induction had been implemented to ensure that the quality of staffing was of an acceptable standard.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Management of medicines

✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

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### Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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### Reasons for our judgement

Following a previous inspection to the service on 25 June 2013 and 03 July 2013, we found that the provider did not have appropriate arrangements in place to manage medicines. We asked the provider to take appropriate action to achieve compliance with the regulations. The provider sent us a report which set out the actions they would take to achieve compliance with this regulation. During this inspection we checked these actions had been completed.

We used a number of different methods to help us understand the experiences of people using this service. We talked to managers and nurses and we looked at record keeping and storage. We visited the Emerald Wing (previously called the East Wing) and the West Wing to assess medicines management.

We observed how medicines were administered to two people and saw that medicines were explained to them and that nurses observed that they were swallowed before recording that they had been given. Many patients went voluntarily to the clinical area for their medicines. We saw that several patients were on planned programmes to take their own medicines and we saw the hospital procedure for self-medication, the individual care plans and the assessments of the patient's compliance.

We looked at prescription charts of eleven patients and saw that all medicines were recorded appropriately. There were no omissions in recording administration. Pharmacy services to the hospital were provided by a community pharmacist who offered a daily delivery service and a clinical service twice a week. We observed that the prescription charts were checked by the pharmacist for accuracy and if a medicine was omitted the gap was identified and appropriate action taken. We saw that there was a regular audit of the charts and the results were recorded in an audit book. Generally these were actioned at ward level but the provider may like to know that we did notice one entry not actioned when a total dose of medicines was identified as high and required vigilance in monitoring.

Medicines were administered appropriately. Some people were detained under the Mental

Health Act 1983 and we saw that for those detained for more than three months they had their treatment and medicines authorised by a Second Opinion Appointed Doctor (SOAD), in line with the Mental Health Act 1983 Code of Practice. Other people had given their consent to be treated voluntarily.

We looked at seven drug charts and consent forms to give medication and saw that all medicines listed as given were signed and dated and correlated with the consent forms. Overall people were only being given medicines that had been authorised. The hospital had policies and procedures detailing what should be recorded for 'as required medicines and for rapid tranquillisation. We saw that one person had received rapid tranquillisation and there was an individual protocol and prescription available to view.

One patient was prescribed a patch of a medicine to be applied every 72 hours. The instruction for this was to cut the patch in half and the provider may like to know that the manufacturers label does state that the patch should not be cut in half.

Medicines were stored securely as appropriate. All cupboards and trolleys were locked in locked clinical rooms or padlocked to a wall. We saw that stocks held were well organised with injectable and topical medicines stored separately from oral medicines.

We saw emergency medicines, defibrillators and oxygen cylinders stored appropriately. All were in date and there was evidence of weekly checks to ensure they were available promptly for use in an emergency.

The hospital had appropriate systems in place to identify and report medication errors. We read that there had been three errors in the two months to the date of the inspection. Two of the errors were made by agency staff. We read of the action taken to ensure that such errors were not repeated. This involved the agency concerned, and competence, training and supervised practice for the staff member concerned. We looked at training records and saw that medicines training was carried out on three occasions in September 2013 and further training was available from the pharmacist supplier.

We looked at the minutes of three clinical governance meetings. We saw that the pharmacist attended every three months and presented a clinical report. All interventions such as identifying gaps in recording administration, poor documentation of dosage changes, and lack of reconciliation of authorisations under the Mental Health Act with prescription charts were documented and audited.

We saw on the prescription charts that the facility to document prescriptions for medicines for 'leave' or 'discharge' was still not being completed although there were records on the electronic ordering system and on discharge letters. The clinical services manager stated that work had started and was in progress to ensure that there was a record of discharge and leave medicines readily available on the person's personal prescription chart.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

Following a previous inspection to the service on 25 June 2013 and 03 July 2013, we found that there were not enough qualified, skilled and experienced staff to meet people's needs; there was a high use of agency staff. We asked the provider to take appropriate action to achieve compliance with the regulations. The provider sent us a report which set out the actions they would take to achieve compliance with this regulation. During this inspection we checked these actions had been completed.

Ward managers confirmed that there had been a recruitment drive in the past few months. One person told us "we have had new staff inducted to the ward". Another staff told us "we always call bank staff if possible, it's very rare that we use agency". Other comments included "some of the bank staff are very good", "you see familiar faces now".

We spoke with the HR administrator at The Priory Hospital Roehampton about the changes they had introduced since our previous inspection. They told us that previously all staff recruitment was occurring centrally, away from the site which was having an impact on the amount of time it took to recruit staff. All assessment days and interviews were now taking place on site. They had also recruited an additional full time HR administrator. They told us that due to these changes, the average time it now took to recruit someone and carry out all the necessary Disclosure Barring Service (DBS formerly known as Criminal Records Bureau (CRB) checks) and occupational health checks was approximately 20 working days, a reduction of 15 days. All staff interviews included a three point competency assessment which tested candidates on drug calculation, care planning and verbal reasoning. Successful candidates were interviewed by a panel which consisted of a clinical services manager, HR staff and a ward manager.

The provider had carried out a needs analysis to calculate how many more staff were needed. We saw that although there were still some vacancies open at the Hospital, the provider had taken steps to try and recruit into these positions. Since June 2013, 56 clinical staff had been recruited. We were shown evidence that since our previous inspection the use of agency staff across the whole hospital had reduced from 18% to 8%.

Ward managers that we spoke with told us that in the event of staff absence through sickness or leave, they would contact staff on the 'bank list'. Bank staff completed the same induction as permanent staff and were the preferred option. If bank staff were



unavailable, agency staff were booked. Ward managers were required to block book agency staff to ensure familiarity with people using the service.

The provider had amended the induction programme for new permanent and agency staff. For permanent staff, this lasted for one week and included an introduction to the hospital, spending one day on their allocated ward, a clinical induction and training in Mental Health Act (MHA), Managing Violence and Aggression (MVA) and Basic Life Support. Agency staff were required to complete an induction to the ward which included medication awareness, how to carry out observations, location of emergency equipment and ward rules. These were signed off by the ward manager once completed. Other changes to the use of agency staff included agency staff completing a competency checklist with the agency prior to starting work. This included MVA, Basic Life Support, and Cognitive Behaviour Therapy (CBT) Training.

Although two recent medication errors had been tracked back to agency staff, we saw that the provider had taken steps to try and prevent this from occurring in the future. This included medication training and observation by senior staff. Some staff raised concerns with us about staff working on fixed shifts and told us that this was having an impact on working relationships. One staff said "some staff on night shift refuse to do certain tasks for handover", while another staff said "sometimes there can be issues if we have to admit a patient during a crossover of shifts". The ward managers told us that some staff worked on fixed shifts whereas others rotated. We spoke with the HR manager and Hospital Director about this. They told us that new staff were expected to work across both shifts and existing staff were being encouraged to work flexibly.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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