

Review of compliance

Affinity Healthcare Limited
The Priory Hospital Middleton St George

Region:	North East
Location address:	Middleton St George Hospital Darlington Co Durham DL2 1TS
Type of service:	Long term conditions services Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services Residential substance misuse treatment and/or rehabilitation service
Date of Publication:	July 2012
Overview of the service:	This is an independent mental health hospital that provides a range of inpatient care services including low

	secure, medium secure, specialist borderline personality disorder and rehabilitation. The hospital can accommodate up to 90 patients who may or may not be detained under the Mental Health Act 1983.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Priory Hospital Middleton St George was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether The Priory Hospital Middleton St George had taken action in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 May 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We visited one unit at the Priory Hospital to check whether improvements had been made to the two compliance actions and two improvement actions we made in November 2011.

We spent time talking with people and the staff to get their views about whether the service had improved since our last visit.

The people we spoke with were very positive about the change to the model of care provided. The service was now delivering care under the 'star recovery' model instead of the previous 'stages' model. One person told us, "The star recovery model is great because you can see how far you have progressed."

One person said, "I write my own risk assessments and care plans and that's good because I have started to recognise when my own mental health is not so good."

Another person commented, "I like being so involved in my care, I write a journal every day about how I feel and I talk through it with the psychiatrist at the ward round. It helps me understand my thoughts and feelings."

People were positive about the staff on the ward. They said, "I can talk to anyone if I'm worried" and "I do have my favourite staff but I think everyone has people they get on better with."

We saw from records people were supported by staff to go out much more than previously. One person we spoke with said, "I go out of the ward a lot more than I used to." Two people said their leave did not always happen. They felt this was because staff were busy because of other patients' behaviour on the ward.

One person said they had found the change in care model more difficult as they felt that some patients got more of the staff time if their behaviour was poor.

What we found about the standards we reviewed and how well The Priory Hospital Middleton St George was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us there were now individual risk assessments for each person and for each risk. People told us that they write their own risk assessments so they have some ownership and control over these.

One person told us, "I have written nine risk assessments myself and I go through them and review them with my named nurse regularly."

Other evidence

At our last inspection on 11 November 2011, we found improvements were needed to this essential standard. This was because there were blanket restrictions on all patients rather than individual risk assessments for each person. For example all bedrooms doors were kept locked which meant people could not spend time in private if they wanted to. We made an improvement action about this.

At this visit we found the service was not as restrictive as it had been. For example people were now individually risk assessed to see if they could safely manage a key to their bedrooms, and three people showed us they now had keys to their own bedrooms. Those people had signed a protocol to make sure they knew how to maintain the safety of the key.

At the last visit we found that people were not allowed in the dining room or beverage bar (kitchenette) by themselves. At this visit we saw risk assessments had been carried out and all the people on this unit were able to access the beverage bar so they could make hot and cold drinks by themselves. People showed us they had purchased and kept their own bags of coffee to make their own drinks. We saw people could spend time in the dining room.

Our judgement

The provider was meeting this standard. People's privacy and independence were respected.

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The service was now delivering care under the 'star recovery' model instead of the previous 'stages' model. Four of the five people we spoke with were very positive about the changes to the model of care. One person told us, "The star recovery model is great because you can see how far you have progressed."

One person said, "I write my own risk assessments and care plans and that's good because I have started to recognise when my own mental health is not so good."

Another person commented, "I like being so involved in my care, I write a journal every day about how I feel and I talk through it with the psychiatrist at the ward round. It helps me understand my thoughts and feelings."

Three patients told us about a new specialist hospital social worker who offered regular appointment times for patients to discuss any issues with her. All three patients said they found this service "good" and helpful.

One person said, "We have got a new forensic social worker who is brilliant. There are regular appointment slots with her and she sorted something important out for me within a couple of days."

Other evidence

At our last inspection on 11 November 2011, we found the provider was not compliant with this essential standard. This was because on the Jasmine unit there was a

different treatment programme, called the 'stages' model. We found the 'stages' model of care was restrictive and people felt it "punished" them for the behaviour caused by their illness. People on the unit told us this type of treatment did not support them to get better.

In response the provider sent us an action plan showing how it was going to make improvements to this outcome. The provider told us it planned to change the model of care in the Jasmine Unit from the 'stages' model to the well-known 'star recovery' model. (The 'star recovery' model helps people using mental health services to set their own goals, look at the support they need to achieve them, and measure their own recovery progress.)

At this visit we saw that the Jasmine Unit was now working with patients using the 'star recovery' model. There was clear information about the 'star recovery' model on the information board in the unit for people to see. We looked at three people's care files. We saw the information in them was person-centred. (This meant they were written in an individualised way for each person.)

People told us about how involved they were with their own care planning and could see the progress they were making. People had set their own goals, for example one person was working towards returning to a different low secure ward where she had been before. Another person had recently set a short term goal to go to the cafe in the hospital grounds, and a long term goal to go to a supermarket outside of the hospital grounds. She had now achieved both of these goals.

We saw people coming out of the weekly ward round and being very supportive to each other about the progress they had made. People spoke positively of their relationship with the consultant psychiatrist, although two people said they had to wait sometime for psychologist appointments.

People told us that they write their own risk assessments so they have some ownership and control over these. People told us there were now individual risk assessments for each person and for each risk. One patient told us, "I have written nine risk assessments myself and I go through them and review them with my named nurse regularly."

People felt there were improved activities on and off the unit. People told us they could now use the computers in the IT room to do shopping and to access training. People were proud of recent training they had achieved in food training, and told us they were going to do training in first aid.

People also described how they now had the chance to use the astro-turf area for outside activities such as rounders and football. People told us about the weekly 'breakfast group' where the occupational therapist brought food to the unit and people cooked it. There was also a part-time recreational staff for games, crafts and arts.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People did not comment on this specific outcome. However people told us they felt "safer" than they did at our last visit and were very positive about the improvements to the care programme.

Other evidence

At our last inspection on 11 November 2011, we found improvements were needed to this essential standard. This was because the seclusion room was also being used as a 'de-escalation room'. These should be two different rooms for two differing functions. This needed to be made clear to staff.

During this visit the seclusion room was out of action and being repaired. It was due to be completed in a few days. There was an alternative seclusion room on a nearby ward if needed.

We saw an unoccupied bedroom was being used temporarily as a separate de-escalation room. The manager stated it would be useful to have a permanent de-escalation room. This would mean the ward would have the facilities of both a seclusion room and a separate de-escalation room. This would resolve the previous dual use of the seclusion room. We will look at this again at the next inspection.

Our judgement

The provider was meeting this standard. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People were positive about the staff on the ward. They said, "I can talk to anyone if I'm worried" and "I do have my favourite staff but I think everyone has people they get on better with."

We saw people were supported by staff to go out much more than previously. One person we spoke with said, "I go out of the ward a lot more than I used to."

Two people said their leave did not always happen. They felt this was because staff were busy because of other patients' behaviour on the ward.

One person said they had found the change in care model more difficult as they felt that some patients got more of the staff time if their behaviour was poor.

Other evidence

At our last inspection on 11 November 2011, we found that the provider was not compliant with this essential standard. This was because there were not enough staff on duty to support people to prevent them from harming themselves or others.

In response the provider sent us an action plan. It told us the improvements to the care programme would improve the service so people would not always need additional staff to support them.

At our last inspection there were five staff on duty on the Jasmine Unit to support the

six people who were staying there. However we saw from restraint records that in five months there had been 81 occasions when five to 10 staff were required to carry out restraints. At those times this meant there were no other staff to support the other people staying on Jasmine unit. It also meant staff had to be brought urgently from other wards, so would reduce the amount of staff support in those wards. This clearly indicated that the staffing levels for Jasmine unit were not sufficient at that time to meet the needs of all the people staying there.

During this visit we looked again at the staffing levels. We saw these were the same as at the last inspection, that is five staff on daytime duty to support the six people who were staying in the Jasmine Unit. We saw from restraint records there had been a significant reduction in the number of occasions that people had needed to be restrained by more than five staff to prevent them from harming themselves or others. This had reduced by almost three-quarters.

Staff told us people were receiving an improved care service and this meant most people did not need the same level of close support as previously. A senior staff told us, "When people are well this is sufficient staffing. If we need more at different times, we have free-rein to bring on extra staff." For example, staff described how they had arranged for up to seven staff to be on duty over a recent weekend when someone had been particularly unwell.

At the previous inspection people rarely had the chance to go out of the ward due to their behaviour and the lack of available staff to escort them. However at this visit we found there were now three people who regularly went out with staff support and another person was working towards this.

People told us about the staff support they received to go out to different parts of the hospital (this is called ground leave). For example one person now often went for lunch at the hospital cafe with a staff escort. One person had started to work in the hospital shop and was supported by the occupational therapist.

One person had been prescribed therapeutic leave to go out of the hospital into the community twice a week (this is called section 17 leave). We saw from care records they went out several times a month to supermarkets and shops. The manager agreed that as people's health improves more people would need support from staff to go out in this way.

We saw from records there had been an occasion when a person had not been able to go out on community leave. However this had been due to the lack of a vehicle, rather than staff numbers. On another occasion someone told us they had not been able to go out to a health care appointment. However this was because the behaviour associated with their illness meant they would not be safe. We discussed the importance of people being able to attend health care appointments, which could be arranged to be provided within the hospital instead.

The manager told us about new plans to make sure the right number of staff were provided at the right times for the people on the unit. A weekly planner was going to be discussed each week with people to look at what appointments and activities were planned for the following week. This meant people would be involved in identifying when more staff were needed for their activities. In this way management staff could

arrange for the additional staff to be on duty at those times.

The senior hospital managers said they would continue to have morning meetings to make sure there were sufficient staff in each ward to meet the activities and challenges of each unit. The senior staff of Jasmine Unit said they would continue to bring in additional staff as and when required if people's ill-health meant they needed extra support.

In this way the provider intended to provide staffing in a flexible way to meet people planned and changing needs.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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