

Woodbourne Priory Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Woodbourne Priory as good because:

- Staff worked well together to assess and plan for the needs of patients. There were a range of professionals available to meet patients' needs. Staff provided patients with care and support to offer them the best chance of recovery. There were a range of therapies available to patients and patients told us they enjoyed the therapies on offer.
- The service routinely sought patients' ideas and feedback and consistently made changes to the way they ran the service because of this. The service delivered effective programmes of therapy and specialist rehabilitation for the different patient groups.
- Staff completed patient-centred risk assessments and care plans on most wards. Patient records were comprehensive and in good order. Staff considered mental capacity and assessed those they believed to lack capacity. They advised patients of their rights under the Mental Health Act. Staff addressed physical healthcare needs of patients and supported them to manage their physical health.
- The ward provided patients with a comfortable and homely environment. Wards were visibly clean and furnishings in good order. Patients were provided with

high quality meals and had access to food and drink 24 hours a day. Patients were able to personalise their own space. The ward areas reflected the presence and personalisation of patients in recovery.

- The service had recruited new managers and they demonstrated the skill and experience needed to drive forward further improvements. There were systems in place to allow managers to audit the quality of care. Supervision and annual performance reviews were routinely held between staff and managers and were most were up-to-date

However, we also found:

- The service did not follow its own policy in privacy, dignity and mixed sex accommodation by not allocating male and female areas of Maple ward at different ends of the ward. Guidance on same-sex accommodation requires providers with patients on mixed wards to be grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other).
- Care plans and staff handovers on one ward were not written in a way which reflected patient views and used clinical terminology.
- Dual signatures were missing on two controlled drugs records on two wards. This was not in accordance with the providers drug administration guidance and policy.

Summary of findings

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Good 

Woodbourne Priory Hospital

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; child and adolescent mental health wards; specialist eating disorders services; substance misuse/ detoxification

Summary of this inspection

Background to Woodbourne Priory Hospital

- Woodbourne Priory Hospital is registered to provide care and treatment to children, young people and adults with mental health conditions, including those whose rights are restricted under the Mental Health Act. At the time of inspection the manager was in the process of registering with the Care Quality Commission (CQC).
- The service can accommodate up to 44 patients.
- Maple ward is an adult eating disorder, addictions and acute mental health ward and has 17 beds.
- Rowan ward is a high dependence unit for adolescents and had six beds.
- Mulberry ward is child and adolescent mental health service CAMHS unit and has 17 beds.
- All wards are mixed gender.
- There is a therapy building on site called the Manor Unit where adult acute patients and eating disorder patients from Maple ward have daily therapy sessions.
- This service was last inspected on 19 March 2014. There were no compliance actions or enforcements associated with this service.

Our inspection team

Lead inspector: Maria Lawley, Inspector, Care Quality Commission.

The team included: four CQC inspectors, an Expert by Experience (a person with experience of using services); three nurses, and an occupational therapist.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information we held about the location, asked a range of other organisations for information and sought feedback from carers and family members of patients.

During the inspection visit, the inspection team:

- Visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 14 patients who were using the service
- Spoke with the registered manager and four senior managers
- Spoke with four ward managers
- Spoke with 26 other staff members, including doctors, nurses, a dietitian, pharmacists, therapists, a psychologist, healthcare assistants and domestic staff
- Attended and observed two ward rounds and three multidisciplinary meetings
- Attended and observed five group therapy sessions
- Reviewed 19 care and treatment records of patients
- Carried out a specific check of the medication management on all three wards

Summary of this inspection

- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 14 patients that were using the service, and six carers.

Patients and carers that we spoke to told us that staff went over and above their roles to provide a caring service, and that they listened to patients and provided practical and emotional support where required.

Patients we spoke with said that they felt safe on the ward, and had the necessary security to ensure their possessions were safe also.

All patients were not clear on how they could access the advocacy service provided by the local authority. Most patients were aware of the provider's complaints process however and felt able to use it if necessary.

Patients we spoke with said there were a range of meaningful activities and therapies on offer for them to access and that food provided was of a good standard.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated Woodbourne Priory as requires improvement for safe because:

- The service did not follow its own policy on privacy, dignity and mixed sex accommodation by not allocating male and female areas of Maple ward at different ends of the ward. Guidance on same-sex accommodation requires providers with patients on mixed wards with single bedrooms to be grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other).
- On two wards, dual signatures were missed from the controlled drugs record. This was not compliant with the providers medication administration policy
- There were ligature risks in patients' bedrooms and communal areas. These were not always adequately mitigated.

However, we also found:

- Staff knew how to protect patients from harm. The ward staff included managers, nurses, doctors and health care assistants. There was a resident doctor accessible 24 hours a day.
- Staff carried out appropriate risk assessments to keep patients and staff safe.
- Wards were visibly clean and well maintained. Housekeeping staff cleaned wards and cleaning rotas showed the wards were cleaned daily.
- Staff had completed mandatory training and a record of this was maintained and monitored by the senior management team for the service.
- Staff knew how to report incidents of risk and there was evidence of learning from incidents being communicated to staff.
- There was a well-stocked clinic room and qualified medical staff available 24 hours a day. Physical health checks were carried out regularly and the records maintained of this process.

Requires improvement



Are services effective?

We rated Woodbourne Priory as good for effective because:

- Care plans and risk assessments were up to date and reviewed regularly. With the exception of Maple ward, care plans reflected patients' views and patient involvement.

Good



Summary of this inspection

- Psychological and creative therapies such as cognitive behaviour therapy and art therapy were available and routinely accessed by patients.
- Patients accessing the eating disorder service had a structured programme of therapeutic and meaningful activities.
- Patient care records were accessible for staff.
- There was a multidisciplinary team of staff from a variety of professional backgrounds.
- Staff routinely took part in supervision and appraisals.
- Staff had a good understanding of the Mental Health Act and Mental Capacity Act including Mental Capacity Assessments.
- Mental Health Act paperwork was stored in patient files and staff could access it easily. Patient consent to treatment was routinely obtained and recorded.

Are services caring?

We rated Woodbourne Priory as good for caring because:

- Patients were well supported and treated with dignity and respect. Patient involvement was evident in care plans and risk assessments.
- We observed caring interactions between staff and their patients. Patients gave positive feedback about how they were treated by staff in the service.
- Staff knew patients well and could describe examples of positive therapeutic relationships.
- Patients were routinely encouraged to develop their independence and manage their own physical health needs as well as their emotional and mental health needs.
- Systems were in place to encourage and enable patient involvement. Feedback to staff about issues or changes on the ward was communicated via weekly patient meetings and a weekly 'quality walk' involving patients took place.
- An independent mental health advocacy (IMHA) service attended the wards twice weekly. Contact numbers for advocacy, legal help and complaints processes were clearly displayed on wards.
- On Mulberry ward there was a hand print piece of artwork on the wall where all patients were encouraged to leave a hand print when discharging from the service as a mark they were once there.

Good



Are services responsive?

We rated Woodbourne Priory as good for responsive because:

Good



Summary of this inspection

- Patients could access the right care at the right time. Patients had a range of health professionals on site to support them and they could use community health facilities when they needed them.
- Patients were provided with a comfortable and clean environment. They had access to food and drinks 24 hours a day and each patient had en-suite bathroom facilities.
- The service had a range of professionals to provide support to patients so they could take part in education and therapy sessions while using the service.
- There were complaints and comments systems in place which were visible on wards and patients knew how to complain.

Are services well-led?

We rated Woodbourne Priory as good for well led because:

- Staff knew who the leaders of the organisation were and senior members of staff visited wards regularly.
- The hospital had a clear governance structure that monitored the quality of the service and ensured information was shared with all staff.
- Staff carried out regular audits and the views of staff were regularly sought.
- All staff we spoke with identified that morale was good and we found staff to be open and enthusiastic about their teams.
- Staff were aware of and practiced duty of candour. Patients and their families were advised if things went wrong.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

No Mental Health Act review was undertaken on this. There was one patient subject to the mental health act at the time of our visit and paperwork relating to this was completed accurately and lawfully.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-seven per cent of staff had attended training in the Mental Capacity Act (MCA).
- There were no patients subject to deprivation of liberty safeguards (DoLS) and no applications had been made in the previous six months.
- Staff had received training in the MCA. Staff assessed and recorded incapacity or impaired capacity appropriately in relation to mental and physical health issues.
- Gillick competency refers to whether a child was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Staff assessed and documented this in patient records on Rowan and Mulberry wards. Staff supported young people to make decisions, where appropriate, when they lacked capacity.
- Staff reviewed capacity and consent each time they administered medication via a capacity alert notice inside the front page of the medication folder. There were arrangements in place to monitor adherence to this within the service. Staff who completed MCA mandatory training were able to find information via the intranet. We looked at 19 care records and saw evidence of assessments of mental capacity in all of them. There was evidence of informed consent in 18 records.
- There was information on patient notice boards in Maple ward regarding independent mental health advocacy (IMHA) services and phone numbers. There was also information regarding advocacy and access to legal services. Patients had access to easy read information and included pictorial explanations of the MCA and its application.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Requires improvement 

Safe and clean environment

- All areas were visibly clean and tidy. Housekeeping staff were seen on all wards and there were completed cleaning records. We witnessed good infection control including hand sanitising points at all ward doors and colour-coded cloths were used for cleaning different areas. A cleaning rota and comprehensive checklist completed daily showed this. The furniture was well maintained, comfortable and in good condition on wards and in bedrooms.
- There were appropriate working alarm call systems located throughout the building. Staff carried personal alarms to request assistance when needed. We witnessed staff responding appropriately to alarms during the inspection.
- There were blind spots on all wards where staff would not have been able to see patients. Staff had mitigated this by completing risk assessments and using the observation policy for patients who were at risk. Staff also carried out environmental checks and used closed circuit television (CCTV) to monitor blind spots.
- At least once a month staff and patients carried out a quality and environmental assessment of the wards.
- Staff had completed environmental audits including ligature risk audits for all wards.

- All patients had a detailed and personalised evacuation plan in the event of an emergency. Environmental risk and assessment plans along with ligature risk assessments were individualised.
- Staff mitigated the ligature risks by using individual risk assessments and observing patients. Patients on Mulberry and Rowan wards had supervised access to rooms with ligature risks. Patients on Maple ward had access to sitting rooms with ligature points. However, there was an observation window from the reception desk into lounge areas so staff could observe patients.
- On Maple ward there were corridors with blind spots. This was a concern as male and female bedrooms were mixed together in the same corridor. The service did not follow its own policy on privacy, dignity and mixed sex accommodation by not allocating male and female areas of Maple ward at different ends of the ward. Staff followed the privacy, dignity and mixed sex accommodation policy on Rowan and Mulberry wards at the hospital.
- Patients had their own bedrooms with en suite bathroom and toilet. On Maple and Mulberry ward there was a female only lounge and a mixed gender lounge available on the ward. There were two mixed gender lounges on Rowan adolescent ward.
- Staff were available to supervise all young people on wards during the day or night. Staff on adult wards followed care plans to determine levels of observations for individual patients.
- The adolescent wards Mulberry and Rowan were separate from the adult ward and access was via key-fobs programmed for specific areas of the building. Adults and adolescents did not have access to each other's wards. Access to non-patient areas was by staff-operated keys only. There was a secure airlock

Child and adolescent mental health wards

entrance between adult and adolescent wards. Each ward area also had a locked entrance within the main unit. All doors on Mulberry ward were “anti-barricade” so could be removed by staff if emergency access was required. Anti-barricade mechanisms were not present on two rooms on Maple ward. These rooms also had ligature points via soft close door mechanisms. The hospital had plans in place to renovate these rooms and patients who still used these rooms were risk assessed.

- There were clocks visible on all the wards so patients on the wards could remain oriented in time.
- The clinic room on Maple ward was well maintained. All resuscitation equipment was clearly labelled and in date. All medication checked was within the used by date in a sealed box with a contents list and kept in a locked cabinet within a locked room. This room was accessible by the ward manager or a qualified nurse on shift in line with the administration of medicines policy.
- Bank and agency staff did not have access to medication in the clinic room. The nurse in charge of the ward held the keys to the clinic room in accordance with the administration of medicines policy. Ward staff checked medications daily and an external pharmacist checked medications weekly. In the clinic room there was an examination couch and physical health check equipment including: blood pressure monitoring equipment, equipment to take blood and weighing scales. The temperature of the fridge was checked daily and a log kept of this. Observation charts, including diet and fluid intake checks were securely stored within the clinic room.
- A seclusion room was not present on any of the wards visited and the service did not use seclusion with patients.
- There were no blanket restrictions in place and there was an anti-blanket restrictions group led by staff which included gaining patient feedback. Staff reviewed the levels of patient observation daily, However, there was not always evidence of patient involvement in this process

Safe staffing

- Between 23 May 2014 and 23 May 2015 vacancies were 5% on Mulberry, 4% on Rowan and 2% on Maple ward.
- Ward managers could authorise extra staff and the service showed a flexible and responsive approach to staffing. Staff from alternate wards supported wards short of staff if required.

- Staff raised concerns about staffing levels although we found the senior management team and local wards managed staffing levels well using the staffing tool. Maple ward staff reported there was one qualified nurse on each ward and they had concerns there would be not enough staff on the ward if an incident occurred. During the inspection we found we were satisfied that staffing levels were appropriate and there had been no incidents reported resulting from low staff numbers.
- Health Care Assistant (HCA) recruitment was 20% more staff than required to reduce the reliance on bank and agency staff. The service used their own safe staffing assessment tool to decide how many nurses and support staff were required to provide safe care and this could be adjusted when needed.
- The ward manager on Maple ward told us that bank staff used were, where possible, regular members of staff who were familiar with the wards. In August, bank and agency staff were used on 47 occasions, 37 occasions in September and 31 occasions in October. Increased staffing was mainly used to cover one to one observations, holiday cover and sickness cover
- Out of hours medical cover was provided by through a rota system and there were no reported incidents where staff were unable to access a medic when required.
- Patients told us that leave was rarely cancelled due to staff shortages. However, one patient told us they were unable to go to the shops on the day of our inspection due to staff being unavailable to escort leave that day.
- Staff were aware of safeguarding procedures. There were posters on wards showing the types of abuse that exist and advisory signs for how possible abuse could be identified..

Assessing and managing risk to patients and staff

- We reviewed 19 care records. All records had a risk assessment that was up to date.
- Patients’ physical observations were completed twice a week, including weight monitoring and weight targets were set.
- Patients had a completed risk assessment before admission to the ward that highlighted historical and current risk. On Maple ward there was an observation policy of between one and four randomly timed checks per hour dependant on level of risk

Child and adolescent mental health wards

- Patients told us they had not experienced violence or aggression towards them and reported no incidents of the use of seclusion. Staff told us de-escalation practices included one-to-one discussion and distraction activities.
- Between December and May 2015, Woodbourne Priory Hospital reported 72 instances of restraint. The highest reported incidences of restraint were on Mulberry ward. There were 42 instances relating to 14 service users.
- The quality and compliance officer monitored the nature and frequency of incidents within the service using a data collection tool. This data was broken down by ward. The hospital was able to identify trends in incidents by ward, time and day. As a result they employed an activities coordinator to work flexibly to carry out activities at times when there was the highest risk of incidents. We saw that incidents on Mulberry ward had reduced between July and August following the employment of the activity co-ordinator.
- Staff members attended a monthly risk meeting. This involved the senior management team within the hospital including the ward managers and the hospital director.
- Staff followed the policy on administration of medication and there was a clinical effectiveness meeting held on a monthly basis as part of their governance process to review incidents, trends and concerns. According to the administrations of medicines policy, controlled drugs (CD) administration required two professionals, one of whom must have been a registered nurse or doctor. On Maple and Mulberry wards we found two instances where there was only one signature recorded in the CD record. We informed the manager of this on the day of our inspection.
- We reviewed the Priory admission policy, the safeguarding policy and the absent without leave (AWOL) policy and found staff adhered to these. There was an example of someone trying to gain access to a patient through reception and staff reported this to the safeguarding team in order to protect the patient.
- Staff we spoke with knew how to recognise and report incidents of harm or risk of harm. Most staff were confident they could report incidents without fear of recrimination. Staff told us they felt confident using the reporting procedures. Staff received feedback regarding incidents via team meetings and handovers. An external practitioner ran de-brief meetings with staff after incidents. Patients were given the opportunity to de-brief with staff following incidents.
- There was a provider wide monthly bulletin to provide learning for staff from incidents in other services and staff were made aware of lessons learnt via team meetings and the clinical governance notice board.
- Staff were aware of specific issues and evidence of learning was displayed on the ward for example use of posters about lithium toxicity. This was an issue raised by a doctor on the ward and put in the October staff bulletin. Guidelines around paracetamol prescribing also featured in the October bulletin.
- Duty of candour was evident from staff and the service was open and transparent with patients where mistakes were made.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Comprehensive assessments including physical and mental health assessments were completed and the outcome of these assessments informed patient care plans. We reviewed 19 care records. Of these, all 19 had a record of a physical health examination completed on admission and 18 records showed evidence of ongoing physical care, one was present but out of date
- Most records had holistic, recovery orientated care plans in place and in date. Eighteen patients had received a copy of their care plan and most showed clearly the views of the patients. However, care plans on Maple Ward used clinical terminology and had limited evidence of patient involvement in their creation.

Track record on safety

- There were two serious incidents in 2015 requiring investigation and were reported to the Care Quality Commission, both occurred on Mulberry ward.

Reporting incidents and learning from when things go wrong

Child and adolescent mental health wards

- Staff recruited from agencies did not have a password to access computerised patient care records. In this case, the ward manager would issue the agency staff with a temporary card so they could access records and provide effective care to patients.
- Current and previous care records were stored in an unlocked office behind the reception area on Maple ward. The risk of the records being easy to access by unauthorised people was discussed with ward staff and they acted immediately to install a lock onto the office door so patient records were secured.
- Medical staff demonstrated a good awareness of individual patients needs and wishes.

Best practice in treatment and care

- Some therapy sessions took place on the wards and patients had adequate access to therapies and activities rooms as well as quiet areas.
- Staff teams were working within local and national policy guidelines including the NHS and The National Institute for Health and Care Excellence (NICE). This was evidenced in five groups including a diary group, an alcohol treatment programme relapse prevention group, cognitive behavioural therapy, nutrition and a diabetic group. Therapeutic activities for patients diagnosed with an eating disorder took place off the ward
- The cognitive behavioural therapy group used evidence based interventions and documented therapy outcomes in care records. We observed an individual therapy session on Rowan ward which had been designed for use with a group. The therapist adapted the session well for the patient and managed the situation effectively when there were interruptions from other patients.
- Audits of case notes, risk assessments, physical health assessments and care plans were completed and we saw a completed audit tool demonstrating these had taken place recently.

Skilled staff to deliver care

- The service contained a range of experienced and qualified staff to meet patient needs and included pharmacists, psychologists and a dietitian.
- As part of The Priory's 'Foundations for Growth' in-house training programme there were e-learning modules, these included basic introductions to learning disabilities, autistic spectrum conditions and

safeguarding vulnerable adults and children. Staff were able to meet and become familiar with service users from different wards via staff rotation. This enabled staff to develop their clinical skills in different areas. The nurse in charge inducted new staff, including bank and agency staff, to the ward who then signed an induction acknowledgement form. In November 2015, 97% of staff had completed The Priory welcome and induction programme.

- Managers and qualified staff completed specific training programmes designated for their roles and undertook continual professional development.
- All staff had the opportunity to receive clinical supervision externally, managerial supervision internally and peer supervision on a monthly basis. Managers kept supervision records in a spreadsheet showing the time and date it was carried out. Most staff (97% at the service had received managerial supervision in accordance with the providers policy.
- Staff completed appraisals yearly. All medical staff had received an annual appraisal. Staff performance was managed via the supervision and appraisal process and we were able to see this was completed effectively and collaboratively when required.

Multidisciplinary and inter-agency team work

- We attended a ward round on Mulberry Ward. We found all areas of concern were discussed and responses from the multidisciplinary team (MDT) were responsive to patient needs. There was evidence of including parents and carers in decision-making. The MDT made clear plans to contact carers via telephone and discuss the patients with them when they visit the ward. We witnessed the deputy head teacher show caring and understanding of patients and gave a high level of detail regarding patient care during handovers. The MDT considered patient viewpoints and made communicated effectively with them using appropriate language during ward rounds. However, on Mulberry ward we observed three one to one meetings between doctors and patients. The doctor had carried out the bulk of the discussion regarding the patients' treatment before each patient entered the room and this meant that the patients were not fully involved in decisions about their treatment.

Child and adolescent mental health wards

- Shift handovers took place at 7:30am and 8:00pm daily and at lunchtime if shifts changed. We reviewed the shift handover notes for Maple ward and found there were variations in the content and quality of information recorded.
- MDT team meetings took place weekly.
- Staff told us if any specialist medical care was required Birmingham Children's Hospital provided an important link and there was good joint working between the services. Staff also said they had an effective working relationship with the local children's safeguarding team and could access them for support if required.
- Staff reconciled each patient's medication with their GP on arrival, and liaised with the GP regularly about patient care.

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

- Ninety-six per cent of staff had attended training in the Mental Health Act (MHA) code of practice.
- Nursing staff provided an explanation to patients of their rights under the MHA on their admission to the ward.
- There were pictorial posters on Mulberry ward and Rowan ward explaining how the MHA applies to patients.
- There was a MHA administrator available to support staff and audit the use of the MHA within the service.
- The in-house training programme 'Foundations for Growth' had a mandatory online module regarding the MHA.
- All MHA patients subject to the MHA were detained lawfully.

Good practice in applying the Mental Capacity Act

- Ninety-seven per cent of staff had attended training in the Mental Capacity Act (MCA).
- There were no patients subject to deprivation of liberty safeguards (DoLS) and no DoLS applications were made in the six months prior to our inspection.
- Staff were trained in the MCA and were aware of the five key principles. Staff assessed and recorded capacity appropriately on a decision specific basis.
- Gillick competency refers to whether a child was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Staff

assessed and documented this in patient records on Rowan and Mulberry wards. Staff supported young people to make decisions, where appropriate, when they lacked capacity.

- Staff considered capacity issues and consent every time they administered medication via a capacity alert notice inside the front page of the medication folder. There were arrangements in place to monitor adherence to this within the service. We looked at 19 care records and saw evidence of assessments of mental capacity in all of them. There was evidence of informed consent in 18 records.
- There was information on patient notice boards regarding independent mental health advocacy (IMHA) services and phone numbers. There was also information regarding advocacy and access to legal services.
- Patients had access to easy read information and this included pictorial explanations of the MCA and its application.

Are child and adolescent mental health wards caring?

Good 

Kindness, dignity, respect and support

- The patients we spoke with across the wards told us the ward was a safe environment, kept up-to-date, clean and well maintained. They found their rooms comfortable and ward areas quiet and relaxing; most patients had personalised their own rooms.
- Patients told us they felt safe and their possessions were safe. No patients we spoke with had experienced violence or aggression towards them. Patients said most staff knocked the door when they wanted to come into their rooms, however some non-permanent staff did not. Patients told us they felt safe and in control as they were allowed to restrict access to visitors.
- Patients told us staff were polite, respectful and that staff worked there because they cared about their job and the patients. Patients told us they knew all members of staff involved in their care and they knew the hospital manager.

Child and adolescent mental health wards

- Patients said there were fewer staff around at the weekend. Activities could be cancelled because of insufficient staff and an art therapy group was cancelled during our inspection due to staff sickness.
- Patients told us they saw a doctor regularly and it was easy to communicate with them.
- Carers of young people on Rowan and Mulberry wards told us staff kept them informed of their child's progress. They also said they were able to contact their child or the service with ease and their child could contact them easily.
- Patients on Mulberry Ward told us the ward was like a family; however one patient told us sometimes there was unrest causing changes to the atmosphere of the ward for example when there were conflicts between patients.
- Patients told us staff went beyond their duty to care for patients. One patient told us a member of staff had delivered an individual therapy session to them following a cancelled group therapy session. The patient reported they thought this was above and beyond what was expected of the staff member.
- Staff interacted positively and respectfully with patients. Staff across all wards provided patients with appropriate support both emotionally and practically. Staff respected patient views on attending therapy sessions and showed understanding when patients declined to attend. We observed staff interacting with young people while on one to one observations and young people appeared relaxed in their company. There were excellent interactions on the wards between staff and patients.

The involvement of people in the care they receive

- Staff told us patients were orientated to the ward on arrival and given a buddy if one was available. Staff issued patients with information booklets about the wards, their treatment and care on admission to the ward. There was information about advocacy services on the ward and an advocate attended twice weekly.
- There was evidence in care records of patient involvement in care planning and risk management. Staff gave patients copies of care plans to patients. Patients told us care plans were updated regularly and they were happy with their structure.
- Carers of patients on Mulberry and Rowan ward were involved in care planning and were kept informed of the patients' progress daily.

- One carer said their family members had on occasion been treated less than respectfully by members of non-permanent staff and had not complained.
- Patients had access to advocacy services.
- Staff gave patients a range of information on admission to wards. Staff displayed information throughout the wards and in the form of information booklets detailing local services, patient's rights, activities offered on and off the ward, helplines for mental health advocacy, how to access a solicitor and how to complain.

Are child and adolescent mental health wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Admissions were planned. The service had a clear admission criteria and offered services to people suffering acute mental illness, addiction treatment, child and adolescent mental illness and eating disorders.
- There were three delayed discharges recorded in the six months between December 2014 and June 2015. Mulberry ward had two delayed discharges and Rowan ward had one. Carers of young people told us staff kept them informed of reasons why discharges would need to be delayed and they agreed with the decisions made.
- Staff considered discharge planning throughout the admission and regular care pathway and multidisciplinary meetings were held to discuss individual patient progress.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a teaching room on Mulberry ward managed and maintained by the teaching and education staff. There were four teachers employed to provide education at the time of the inspection and they worked with young people to maintain their education while they were patients at the hospital.
- All wards had a full range of rooms and equipment. This included space for therapeutic activities, teaching lessons, relaxation and treatment. Each ward had its

Child and adolescent mental health wards

own lounge area and Maple ward had a lounge for female patients only. There was a therapy building external to the ward area with several large rooms overlooking a well-kept outdoor space.

- Patient therapies and outpatient groups were held in the external building. The eating disorder service was located on the upper floor and there was space for therapeutic activities. Although two patients told us there were not any activities at weekends, the activity timetables included activities on the weekends and the other patients we spoke to confirmed these had gone ahead.
- Patients on Rowan and Mulberry wards accessed schools and staff encouraged patients to keep up with their activities and school work. Staff provided activities relevant to patient needs. Patients had access to information which was easy to read including information displayed on the wards regarding the mental capacity act in the style of comic pictures suitable to be understood by young people. Patients had access to art therapy, dialectical behaviour therapy (DBT), relaxation, psychology and creative expression.
- We found groups well attended and all patients actively participated in an environment that was warm and inclusive. Staff encouraged patients to reflect on learning from the previous day and explore key points which had been discussed. Staff used handouts and visual prompts in the sessions. We observed patients identifying and relating work to their own experiences.
- Patients reported sessions helped them in their recovery and were relevant to their needs in most cases. The therapy team were warm, empathic and engaging towards patients. Professionals used psychological and evidence based work as well as creative ways to meet patients' needs. Therapists were skilled at engaging patients in a group when they were reluctant to do so.
- The kitchen was well stocked with food and the dining hall was in use and clean. Patients told us they could access food and drink as required.
- There was a kitchen on each ward for patients to use to access drinks and snacks. Patients on Rowan ward could use this with support and supervision from staff. Patients had access to snacks and drinks. Kitchen staff provided hot meals for patients and these were cooked on the premises. Patients had a choice of meals and told us there was enough food. Most patients told us food was good and there was a lot of choice.
- On Rowan ward, staff members had to unlock the kitchen to access food and patients told us there were normally staff available to do this.
- The catering team collected regular feedback from patients and staff. Culturally appropriate meals were available for patients who needed them. A menu was typed and displayed outside the dining area daily. Patients said the food was good and diversity was respected including the provision of Halal options.
- A variety of activities were available to patients including gardening and cooking. There were also books, films, board games, computer games and other activities including instruments available on wards in the lounges. All wards were equipped with Wi-Fi and Rowan ward had rooms where young people could play computer games.
- Patients decorated the wards with their own art work. There were themed art work pieces for Halloween and bonfire night. There was a wall dedicated to past patients who had made their mark by placing their hand print on the wall and one young person had placed a foot print. All wards and the therapy building displayed art work completed by former and current patients.
- Patients could manage their own laundry as part of the rehabilitation process. There were laundry rooms on all wards.
- There was access to an outside space on all wards; staff carried out individual risk assessment and supervision for patients to access this.
- There was a well maintained outdoor garden area. Patients had facilities to grow their own produce and there was a greenhouse area. Trees surrounded the hospital and patients had a pleasant outlook during therapy sessions as well as from bedrooms across all wards.
- The unit had adopted a no smoking environment policy in line with National Institute of Health and Care Excellence guidelines. Staff told us patients on Maple ward were supported to attend the local shops if needed. However a patient was unable to do this on the day of the inspection due to insufficient staffing.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and their human rights. There was a multi faith room available for patients to use and patients were supported to attend places of worship. Patients told us that staff did not

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disturb them if they were practicing their religion or spiritual needs in their own room. Staff had reflected the spiritual and religious needs of patients in their care plans on Mulberry and Rowan wards.

- Interpreters were available for staff and patients if they were needed.
- The wards were able to support patients with physical health and mobility needs. The en suite facilities were level access. There were wide doorways and lift access enabling wheelchair users to move around the wards.
- Patients using the eating disorder service on Maple ward had daily therapies in the therapy building. A patient told us eating disorder patients who were on bed rest missed some therapy sessions. Staff gave physically compromised patients, patients on one-to-one observation or bedrest, therapy work to complete in their room. There was poor access to the eating disorder therapy unit for people who were physically disabled and this may have resulted in some patients being unable to attend group therapies.
- Maple ward had a self soothe box patients could use to de-stress and was stocked using money from petty cash, this contained colouring books for mindfulness, nail varnishes, notepads, pampering items and stress balls.
- All patients had access to quiet or private areas in order to make personal phone calls.
- Patients had a quiet place to meet visitors; there was access to family visiting rooms or family could be seen in patients own bedrooms, this was in accordance with the mental health act code of practice 2015.
- Patients had access to drinks and snacks at all times of the day and night. On Rowan ward young people needed a staff member to accompany them due to restrictions on access to the kitchen area.
- On Maple ward there were no restrictions on patients being able to access their bedrooms during the day. Patients had keys to their own rooms and key-fobs allowed them to exit and enter Maple ward as needed.
- On the adolescent wards young people were also able to access their bedrooms during the day. A carer told us their child was able to access their bedroom for quiet time and a patient told us they were free to go to their room to practice their religion whenever they wanted to.

Listening to and learning from concerns and complaints

- Both patients and carers told us they knew how to make a complaint and would feel confident doing so. There were leaflets and notices displayed in the hospital told people how to complain.
- The hospital took action to resolve complaints. An example of this was a patient that was given extra one to one sessions as a result of them being unhappy with the standard of the therapy they received.

Are child and adolescent mental health wards well-led?

Good 

Vision and values

- All staff we spoke with knew the leaders of the organisation and could identify the senior management team. We were told there was a yearly roadshow carried out at the service by the chief executive officer (CEO). The CEO also used the time to visit wards and talk to staff individually. The regional manager also visited the hospital once per month and walked around the wards meeting and talking to patients and staff.
- Members of the senior management team we spoke with all showed commitment and positivity to their roles and the provider's values and objectives.
- From 2013 a 'quality walk' has been used to monitor quality. Senior members of the management team walk around wards using methodology from the Care Quality Commission and other regulatory bodies to monitor environmental issues and staff and patient experience. The identified issues are discussed at the time with the ward managers and where possible changes are implemented straight away. On all wards the patients are encouraged to do the walk round with staff.

Good governance

- The hospital had a clear governance structure that monitored the quality of the service and ensured information was shared with all staff.
- Staff participated in team meetings monthly and we saw minutes of the clinical governance, healthcare executive, health and safety and risk management meetings from the past 12 months.

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- The hospital had a quality assurance lead who monitored and reported to the quality board on the performance of the wards in relation to care delivered.
- The senior management team (SMT) held monthly meetings to look at all areas of the hospitals performance such as complaints, incidents, safeguarding issues and staffing. Reports from these meetings are shared with staff on the wards and in the hospital using the CQC's five domains of safe, effective, caring, responsive and well-led.
- The director of quality had systems in place to monitor the quality of services delivered at the hospital. These included health care information analysts who produced reports on the Woodbourne Priory's performance. Weekly reports were produced in the form of data quality score cards.
- We saw the performance dashboard produced for the hospital that included information on staff training, risk assessments and care plans.
- The Priory carried out audits of its patients to better understand their experience of care and treatment received. The hospital also audited the outcomes for service users and worked with other providers and national groups to ensure they were using best practice in the treatment and care of their patients.
- There was a safeguarding committee supported by safeguarding leads who had been trained to level five safeguarding. They ensured training was provided in the hospital for all staff up to level three safeguarding.
- The dashboard showed: staff turnover, sickness rates, employee relations and appraisals. The senior management team engaged with their staff using a forum called "Your Priory, your say" to generate an open dialogue. There was a rolling programme of staff surveys that took place once a year.
- All staff we spoke with identified that morale was good and we found staff to be open and enthusiastic about their service.
- Sickness and absence figures from June 2014 to June 15 were 3% or below. There was a staff turnover across all services in the hospital of 26% and an average of 4% vacancies.
- Staff were aware of the whistleblowing process and they informed us they would be confident to raise complaints or concerns.
- Staff were aware of the duty of candour. Patients and their families were advised if things went wrong.
- All staff reported they felt supported by their colleagues and the hospitals management team. They said they were happy in their roles and that they enjoyed their jobs and felt that stress was manageable. Staff felt they did a good job.
- Staff said they were happy working in the team. They felt communication was effective. We saw the team functioned well during our observations of MDT meetings.
- During meetings, staff were able to give comments and suggestions for improving the service and delivery of patient quality care. This demonstrated effective MDT working.
- There was an open culture within the team. Staff felt informed of incidents and new initiatives.

Commitment to quality improvement and innovation

- The Woodbourne Hospital participated in the quality network for inpatient child and adolescent mental health services (QNIC), and the quality network for eating disorders (QED)
- A recent QED review of the service resulted in an accreditation rating of "Excellent".
- QNIC reviewed Mulberry ward and re-accredited this in October 2014.
- QNIC reviewed Rowan HDU CAMHS on 16 December 2014. Rowan will be applying for accreditation in 2016.

Leadership, morale and staff engagement

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Ensure it follows guidance on mixed gender wards by following its own policy on privacy, dignity and mixed sex accommodation in relation to zoning/allocating male and female service users to different areas of the ward.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
<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>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider did not adhere to their policy on the management of mixed sex accommodation. Male and female accommodation was not allocated effectively.</p> <p>This was a breach of regulation 17(2)(b)</p>