

# The Priory Hospital Middleton St George

## Quality Report

Middleton St George  
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

#### 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.

# Summary of findings

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

## Overall summary

We rated The Priory Hospital Middleton St George as outstanding because:

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Staff felt respected and supported through all management levels. Staff of all grades and professions told us they felt part of a team, their opinion was valued and treated with equal respect. The company recognised the value of their staff and annual awards were given to staff members in recognition of their service and contribution.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Plans were consistently implemented, and had a positive impact on quality and sustainability of services.
- The long stay/rehabilitation wards had a bright and homely feel with a calming and relaxing environment. Patients and carers told us that staff treated them well and were invested in the welfare of the patients.
- Staff and patients were kept safe and were able to get help when it was needed. Clinic rooms throughout the hospital were clean and tidy with all the necessary equipment. Equipment was well maintained and calibrated. Staffing levels throughout the hospitals were appropriate to the needs of the patients. Managers were able to increase the numbers of staff on the wards if needed. There was a good range of disciplines, knowledge and skills to care for the patients.
- Patient risks were identified on admission and updated as needed. Management of risks was dealt with in a way that was individual and least restrictive. Incidents were reported quickly and clearly and were discussed in both the daily multi-disciplinary and hospital operational meetings.
- There were a range of care and treatment interventions that were suitable for the patient groups. Multi-disciplinary working was planned and well structured with a clear and collaborative approach to patient care.
- Staff completed mandatory training in both the Mental Health Act and Mental Capacity Act. The on-site Mental Health Act administrator demonstrated a clear knowledge of the Act and of patients who were detained under the Mental Health Act. Both the Mental Health Act administrator and other staff working in the hospital reported close working relationships.
- Staff supported patients to understand and manage their care, spending time talking to them about their individual needs. Cultural, religious and social needs were discussed on admission and documented in care records. Patients were encouraged to download an application for their mobile telephones which could help them deal with situations they might find challenging. Staff involved patients in their care. Patients were able to attend meetings about their care and if they were not able to attend, could submit questions for staff to respond to. Patients were involved in the formulation of care plans and staff noted records to show which patients had accepted or refused copies of care plans. Staff donated items to ensure patients on the acute ward were provided with a bag of essential personal items on admission.
- In the last 12 months, there had been no delayed discharges from the services. Staff planned for patient discharges and established relationships with external stakeholders to ensure patients were appropriately supported. Discharge planning throughout the service helped to ensure patients had a positive experience when leaving the hospital.
- Patients were given information on how to make a complaint. There was information on display

# Summary of findings

throughout the hospital on how to make a complaint and how to contact the Care Quality Commission. Staff and patients received feedback on complaints and investigations. Lessons learned were feedback and action points developed which were acted on as a result of these.

- The provider had an online career pathway which provided staff with information on career progression and the knowledge and experience required to attain the role. Advertised posts were open to all staff with the right level of knowledge and experience. The provider had ring-fenced upcoming roles within the service to allow existing staff progression opportunities.
- There was a clear framework of what was to be discussed during meetings. The hospital director was

aware of all the meetings that took place in the hospital and reviewed the minutes of all meetings. Information was shared to teams in the hospital and where appropriate nationally throughout the organisation.

- Staff used quality improvement methods and knew how to apply them. The service identified a number of innovative practices to drive quality improvement. This included defensible documentation training which gave staff the knowledge and tools to write clear and concise care notes, using the most appropriate language in line with professional standards, completion of the reducing restrictive practice self-assessment tool and implementation of the local steering group.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
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Acute wards for adults of working age and psychiatric intensive care units	Good	
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Long stay/rehabilitation mental health wards for working-age adults	Outstanding	
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# Summary of findings

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Outstanding



# The Priory Hospital Middleton St George

## Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Long stay/rehabilitation mental health wards for working-age adults;

# Summary of this inspection

## Background to The Priory Hospital Middleton St George

The Priory Hospital Middleton St George is a specialist independent mental health service based in the North East of England. The service is part of the Priory Healthcare group and provides specialist care and treatment for adults with complex mental health needs and behaviours that challenge. The Priory Hospital Middleton St George is registered with the CQC to carry out the following regulated activities;

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

The hospital offered complete care pathways which allowed patients to transfer between services and ensured appropriate care was delivered. This helped enable patient recovery and ensure patients were able to re-engage with the community.

There was a registered manager in post who had been at the hospital since 2014.

The hospital has 70 beds over five wards;

- 22 acute beds
- 20 specialist beds for females with personality disorders
- 28 rehabilitation and recovery beds.

The wards are;

Thoburn – 22 bed acute mixed sex ward

Hazelwood – 10 bed specialist female personality disorders

Oak – 10 bed specialist female personality disorders

Dalton – 13 bed complex care ward for females

Linden – 15 bed complex care ward for males

The service has been inspected on nine separate occasions. The most recent inspection took place in September 2016 when the service was given an overall rating of good.

## Our inspection team

The team that inspected the service comprised of three CQC inspectors, two CQC assistant inspectors, a clinical psychologist and two mental health nurses.

## 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 that we held about the location, spoke with families and carers and asked a range of other organisations for information.

# Summary of this inspection

We have divided the report into two core services, long stay/rehabilitation and acute. Long stay/rehabilitation services include services for patients with complex needs and personality disorders.

During the inspection visit, the inspection team:

- visited all five wards, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 19 patients who were using the service
- spoke with 11 carers of patients who were using the service
- spoke with the registered manager and managers for each of the wards
- spoke with 23 other staff members; including doctors, nurses, nursing assistants, assistant occupational therapist, psychologist, fitness instructor and Mental Health Act administrator
- spoke with an external pharmacist
- received feedback about the service from four co-ordinators or commissioners
- spoke with an independent advocate
- attended and observed four multi-disciplinary team meetings, one operational meeting and one care programme approach meeting
- attended and observed two community patient meetings
- looked at 14 care and treatment records of patients
- carried out a specific check of the medication management on all five wards and reviewed the medication charts of 24 patients
- looked at the employee satisfaction survey for 2018
- reviewed the incidents and complaints for the hospital and the Lessons Learnt for January to August 2018
- reviewed the Mental Health Act documentation of 24 patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Due to the nature of people's mental health needs we were not able to gain feedback about the service from all of them.

However, we were told the service was very good and that staff treated them well. Some of the carers we spoke with told us that staff were really invested in the welfare of the patients and there was always a member of staff available if needed.

Patients valued the staff and we were told that they did much more than just their jobs.

Patients and carers told us that they were able to speak with doctors about medication and treatment and that they were kept informed of changes in treatment.

Everyone we spoke with said there were various activities over the course of the week although some people told us they would like to be able to access some activities, like the gym, more often.

Patients and carers were asked for their views on the running of the service and were able to make suggestions for changes via surveys, meetings and suggestion boxes.

External stakeholders told us that staff were helpful and there was good inter-agency working.

# 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 safe as good because:

- Staff and patients had access to alarm systems and were able to summon help in an emergency. Furnishings throughout the hospital were homely and welcoming, giving a sense of security.
- Clinic rooms throughout the hospital were clean and tidy with all the necessary equipment. Equipment was well maintained and regularly calibrated.
- Staffing levels throughout the hospital were appropriate to the needs of the patients. Managers were able to increase the numbers of staff on wards based on patient acuity. There was a good range of disciplines, knowledge and skills to care for the patients.
- Patient risks were identified on admission and updated as needed. Staff discussed patient risks daily during multi-disciplinary meetings. Management of risks was dealt with in a way that was individual and least restrictive.
- Medicines management was good with regular audits carried out both internally and externally. Prescribing was in line with national guidance.
- Incidents were reported quickly and clearly. Incidents were discussed in both the daily multi-disciplinary and hospital operational meetings and changes to patients' care and treatment were made if required.

Good



### Are services effective?

We rated effective as good because:

- There were a range of care and treatment interventions that were suitable for the patient groups. This included access to mindfulness on long stay and rehabilitation wards and dialectical behaviour therapy.
- Patients on the long stay and rehabilitation wards were able to download an application for smart phones which was linked to the mindfulness skills they had obtained and could help them deal with stressful or worrying situations while outside the hospital.
- Multi-disciplinary working was planned and well structured. There was a clear collaborative approach to patients care and treatment with excellent peer support.
- Staff completed mandatory training in both Mental Health Act and Mental Capacity Act which was reviewed annually. Staff

Good



# Summary of this inspection

demonstrated a good working knowledge of both. The on-site Mental Health Act administrator demonstrated very clear knowledge of patients who were detained under the Mental Health Act and had a close working relationship with staff.

## Are services caring?

We rated caring as outstanding because:

- Staff on all wards made an effort to get to know the patients. Cultural, religious and social needs were discussed. Individual needs were discussed and staff helped patients understand how to prevent their condition from impacting their daily activities. Staff on the acute ward provided essential personal items.
- Patient records included sharing information with others. Staff were aware of patient preferences and followed these where possible.
- Patients were fully involved in care planning and treatment. Patients were invited to meetings and if they were unable to attend they were able to record their views and any questions they had for staff. There was clear evidence of patient involvement and also notes to show which patients had accepted and declined copies of care plans.
- Patients were fully involved in choices about the service. Tasting sessions were carried out to allow patients to sample food and drinks and there was evidence of patient involvement in the recruitment of staff.

**Outstanding**



## Are services responsive?

We rated responsive as good because:

- The hospital had no delayed discharges in the 12 months prior to our inspection. Staff completed discharge plans and worked with patients to ensure their discharge went smoothly. Staff worked closely with external services to ensure relationships had been formed between patients and support staff and patients had appropriate levels of support in place.
- Staff and patients had access to a full range of rooms and equipment to support treatment and care. All wards had a sensory room and patients were also able to access the hospital gym to help with their physical health. Patients were able to access kitchens and make hot drinks and snacks throughout the day and night.
- There was information displayed throughout the hospital on how patients could make complaints and how to contact the

**Good**



# Summary of this inspection

Care Quality Commission. Staff and patients received feedback on the outcome of complaints and investigations. Lessons learned were feedback and action points were developed as a result of these.

## Are services well-led?

We rated well-led as outstanding because:

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Plans were consistently implemented, and had a positive impact on quality and sustainability of services.
- There was a clear framework of what was to be discussed during meetings. The hospital director was aware of all the meetings that took place in the hospital and reviewed the minutes of all meetings. Information was shared to teams in the hospital and where appropriate nationally throughout the organisation.
- Staff felt respected and supported through all management levels. Staff of all grades and professions told us they felt part of a team, their opinion was valued and treated with equal respect. The company recognised the value of their staff and annual awards were given to staff members in recognition of their service and contribution.
- The provider had an online career pathway which provided staff with information on career progression and the knowledge and experience required to attain the role. Advertised posts were open to all staff with the right level of knowledge and experience. The provider had ring-fenced upcoming roles within the service to allow existing staff progression opportunities.
- Ward managers had a good understanding of the service they managed and a clear focus on providing high quality care. All members of the senior management team visited the wards regularly and senior managers carried out regular quality walk rounds. Staff spoke highly of the management team and about how they were approachable to staff and patients.

**Outstanding**



# 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.

All staff who worked in the hospital were required to complete training in the Mental Health Act, the code of practice and the guiding principles. Staff displayed a good understanding of the Act.

The provider had relevant policies and procedures that reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the code of practice on the intranet.

Patients had easy access to information about independent mental health advocacy. Notices were displayed throughout the hospital and on notice boards.

Staff followed and explained to patients, their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it in patient records. Consent to treatment documentation was accurate and in place for all patients.

There were signs throughout the hospital advising informal patients that they were able to leave the ward. Staff ensured that patients were able to take Section 17 leave when this had been granted. Staff assessed patients mental state prior to going on leave. We saw staff stored copies of patients' detention documents and associated records correctly.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. The Mental Health Act administrator for the service carried out regular audits on patient documentation. In addition, there were monthly management walk rounds when each of the wards were audited on patient rights being explained and Mental Health Act documentation.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act and the five statutory principles. As at 30 June 2018, 87% of staff had received training in the Mental Capacity Act. Training in the Act was mandatory within the service and staff were required to complete this annually.

The provider had a policy on the Mental Capacity Act, including Deprivation of liberty safeguards. Staff we spoke with confirmed they were aware of the policy and were able to access it via the service intranet. Staff knew they could get extra help regarding the Mental Capacity Act from the Mental Health Act office.

There were no Deprivation of liberty safeguards applications made for patients on any of the wards in the service in the period from 1 January 2018 to 30 June 2018.

Staff gave patients every possible assistance to make specific decisions. When staff thought patients might

have impaired capacity they arranged for a capacity assessment to be carried out. Capacity assessments we reviewed were fully documented on care records and were based on specific decisions.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. We saw evidence of decisions being made in the best interests of the patient and of discussions relating to decisions. All information relating to these types of decision were appropriately documented and stored to ensure access if needed.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff carried out audits in relation to the application of the Mental Capacity Act and action points were formulated from lessons learned.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Outstanding 	Good
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Outstanding 	Good	Outstanding 	Outstanding 
<b>Overall</b>	Good	Good	Outstanding 	Good	Outstanding 	Outstanding 

# Acute wards for adults of working age and psychiatric intensive care units

Good 

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

## Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Good 

### Safe and clean environment

#### Safety of the ward layout

Managers and staff completed regular risk assessments of the care environment. The latest ligature point audit dated August 2018 showed staff had identified risks and put in place appropriate interventions to reduce risks. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.

The ward layout did not allow staff to observe all parts of the ward. However, the service mitigated the risks in a variety of ways such as the use of mirrors, a central member of staff for all patients contact and levels of individual patient observations by staff. Patient observation levels were determined by a risk assessment for each patient which was regularly updated. Ligature cutters were stored in the office and all staff described where these were located.

Thoburn ward complied with guidance on eliminating mixed-sex accommodation. There were separate male and female corridors where patients had their own bedrooms with en suite facilities including a shower. There were two communal bathrooms, one on each corridor and the female corridor also had a female only lounge. The layout ensured patients did not have to walk through an area occupied by another sex to reach toilets or bathrooms.

Patients and staff could call for help easily in an emergency. There was a nurse call system throughout the ward and in every bedroom for patients to alert staff when necessary. All staff carried personal alarms which they could activate to signal they needed help from other staff in an emergency.

### Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well-maintained. Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. Furniture was comfortable and maintained to a high standard throughout the ward and patient lounges were very welcoming and pleasant for patients.

Staff adhered to infection control principles, including handwashing. There were posters above basins reminding staff how to wash their hands effectively and how to use the hand gel. Hand gel and soaps were available to staff, patients and visitors throughout the ward. There were also 'catch it, bin it, kill it' posters on display to help reduce flu infections. All staff completed infection control training which was mandatory.

### Seclusion room

The ward did not have a seclusion room and patients were not secluded in any other room in the hospital. There were two psychiatric intensive care units within 15 miles of the hospital should patients acuity increase. The hospital was also well advanced in building a psychiatric intensive care unit on site to be available for use in the future.

### Clinic room and equipment

The clinic room on Thoburn ward was fully equipped with accessible resuscitation equipment and emergency drugs which staff checked regularly. The clinic room had

# Acute wards for adults of working age and psychiatric intensive care units

Good 

medicine cupboard, medication fridge and some physical health monitoring equipment. All cupboards and the fridge were tidy, in order and kept locked. The resuscitation equipment was held in a nearby staff office. The provider ensured all equipment was clean, well maintained and calibrated. This was monitored centrally and all equipment had been checked this year.

There was a controlled drugs cabinet which was locked and secured inside the medicines cupboard in the clinic room. We saw a controlled drugs book was checked twice daily and up to date.

Staff monitored room temperatures regularly and records were kept to show this.

An examination couch was in a second clinic room which was used for patient's physical examinations and blood tests. Appropriate physical health equipment was also stored here and well maintained.

## Safe staffing

### Nursing staff

There were enough staff with the right skills to give safe care on the ward. The provider used the Priory staffing ladder to identify how many staff should be on duty. The ladder calculated the number of each discipline required to safely staff the ward for the number of patients. Patients requiring constant nursing observation and engagement support sat outside of the ladder and additional staff were brought in for this. The current staffing numbers were three registered nurses and four nursing assistants on the day shift and two registered nurses and four nursing assistants on the night shift. The ward manager was a registered nurse and, she was in addition to the registered nurses when on duty. The ward manager could adjust staffing levels daily to take account of case mix and this was discussed at management level on weekdays.

At the time of our inspection there were no registered nurse or nursing assistant vacancies on Thoburn ward. The manager deployed agency and bank nursing staff to maintain safe staffing levels whenever necessary. This was becoming less common with the newly established full complement of staff. When agency and bank nursing staff were used, those staff received training and were familiar with the ward. Bank staff also received the full Priory corporate induction.

Patients had good access to staff. A registered nurse was present in the office by the main entrance at all times for patients to access, particularly when requiring leave. There was also a nursing assistant in the central communal area of the ward as a contact point. We saw staff spent time supporting patients with daily activities and engaging in discussion. Staff told us that leave or ward activities were rarely cancelled and there were enough staff to carry out physical interventions safely if necessary.

### Medical staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The ward had a permanent and locum psychiatrist, with the locum being replaced in December by a second permanent psychiatrist. Out of hours the ward called the on-call psychiatrist who supported all wards on the hospital site. At any time on call there was either one psychiatrist and an advanced practitioner or two psychiatrists.

### Mandatory training

Staff had received and were up to date with appropriate mandatory training. Overall, staff in this hospital had undertaken 92% of the various elements of training that the provider had set as mandatory, which was in excess of the company policy of 90% compliance. The lowest completion was at 77% for data protection and confidentiality. All other courses were 80% compliance or above.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

Patient care records were detailed, person centred and regularly updated. All patients had a comprehensive risk assessment in place and key risks were clearly highlighted. Staff used a Priory risk assessment tool. Staff completed a full risk assessment on every patient at admission. We found all identified risks had a risk management plan which were updated weekly or more frequently if the risk changed including after any incidents.

### Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as physical health issues as these were highlighted in handover meetings for shift changes and discussed further

# Acute wards for adults of working age and psychiatric intensive care units

Good 

at length during multidisciplinary meetings.

Multidisciplinary meetings were attended by psychiatrists, the ward manager, registered nurses and the occupational therapy assistant.

Staff identified and responded to changing risks to, or posed by, patients. This was observed on inspection during two multidisciplinary meetings attended. Multidisciplinary meetings were held daily (Monday – Friday), whereby all incidents for the previous 24 hours were discussed, as well as each individual patients' observations, current risks and treatment. We saw staff updated risk assessments following the discussion. Any incidents were then reviewed by the Hospital Director and clinical teams during the daily (Monday – Friday), operational meeting which allowed for further discussion and challenge in areas such as safeguarding, physical health and estates as well as by the senior management team.

Staff followed good policies and procedures for the use of observation, including to minimise risk, potential ligature points and for searching patient's bedrooms. This was evident during multidisciplinary discussions whereby risk was managed individually in the least restrictive way for patients. For example, minimising staff observations of patients where possible if risks changed.

Restrictions on the ward were regularly reviewed and there was a clear escalation process in place. Restrictions included the communal bathrooms, one on the male bedroom corridor and one on the female bedroom corridor and the therapy kitchen, all of which were locked to all patients due to the risk of ligature. The bathrooms were due to be updated with anti-ligature fittings at which point the restriction would be reviewed for all patients. Patients told us that the locked door did not impact them as they were able to take showers in their en suites or individually ask staff for access to the bathroom. The locked therapy kitchen, was reviewed, but due to the current, high turnover of patients and their acuity, it remained locked. Patients had access to drinks and snacks 24/7 in their own kitchen adjoining the main ward communal area. The front door was also locked, although there was a notice clearly displayed for informal patients confirming they were free to leave, if they wanted to. Informal patients could leave at will and understood this.

Thoburn ward was the only ward on the hospital site which permitted patients to smoke cigarettes. Staff offered nicotine patches and inhalers to all patients upon

admission. However, due to the acuity of patient's presentation and the short-term nature of their stay, the ward did not implement a smoke free policy and patients were permitted to smoke outside in the wards' garden.

## Use of restrictive interventions

The provider focused on reducing restrictive practices and the ward participated in this programme. Staff used restraint only after de-escalation had failed and used the correct techniques. There was a reducing restrictive practice strategy in place across the Priory division which was updated in January 2018. All permanent and regular staff were trained in the management of actual or potential aggression. This training also included 'safe wards' initiative which focused on soft words, de-escalation and positive words as well as key aspects concerning relational security and positive behavioural support plans.

There was no seclusion room on the ward and there had been no seclusion or long-term segregation in any other area on the ward in the last 12 months.

In the six months prior to 30 June 2018, there had been 43 incidents of restraint which included lower level arm holds. Of the incidents of restraint there was one in the prone position which then led to rapid tranquilisation and this was explained as being due to the rapid, unexpected and violent nature of an attack on staff.

The number of incidents involving the use of rapid tranquilisation in the same six-month period not involving a prone restraint totalled seven although these had been after all other de-escalation methods had been utilised. We looked at patient records following an incident of rapid tranquilisation which showed staff followed guidance published by the National Institute of Health and Care Excellence. This included records to show staff completed appropriate physical health checks on the patient following the incident. The providers policy on rapid tranquilisation was in line with National Guidance.

## Safeguarding

All staff were trained in safeguarding and knew how to make a safeguarding alert, which they did when appropriate. Staff knew how to identify adults and children at risk of, or suffering significant harm. Staff described types of abuse and described symptoms such as changes in mood and behaviour, patients isolating themselves, visible

# Acute wards for adults of working age and psychiatric intensive care units

Good 

physical signs or increase in self-harm or aggression. The ward displayed details of the local authority safeguarding team and staff and management said the links with the team were good.

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

Safeguarding training for staff was mandatory with an annual online course. At the time of our inspection the hospitals' compliance for both the adults and children's course were at 92%. The provider also had comprehensive children's and adults safeguarding policies and procedures for staff to follow. The ward had access to a dedicated safeguarding lead who attended the daily management meeting to ensure the correct safeguarding procedures had been adhered to following incidents. Thoburn ward had safe procedures for children visiting the ward and used a separate children's visiting room.

## Staff access to essential information

All patient records on the ward were electronic. However, documentation from patient home teams were held in paper form. This did not cause any difficulty in entering or accessing information. The electronic system contained all the information needed to deliver patient care. Permanent and bank staff had full access to patient records. Agency staff who worked regularly completed training to gain access to records but new agency staff did not have access initially. This was managed by other staff assisting with updating records although as there was currently full complement of staff the use of casual agency staff was minimal.

## Medicines management

Staff followed good practice in medicines management which was in line with National guidance. This included storage, dispensing, reconciliation and recording of medicines information.

Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Medicines requiring refrigeration were stored appropriately and safely. Staff monitored temperatures daily in line with national guidance.

Staff completed prescription records fully and accurately, and medicines were prescribed in accordance with the consent to treatment provisions of the Mental Health Act. We saw there was a care plan in place and this listed the interventions staff should use before as required medicines were used.

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance, especially when the patient was prescribed a high dose of antipsychotic medication.

We looked at four prescription cards and all were completed correctly, clearly written and prescribing was within accepted practice with evidence of pharmacy oversight and regular audit. Ward staff and clinicians told us about the comprehensive support provided by the external pharmacy company, which included a visit weekly and any discrepancies or issues were immediately reported back to the team and monitored centrally to ensure compliance.

Patients told us they were consulted and provided with information about changes in medication. They confirmed nursing staff and doctors on the ward also addressed any concerns they had.

## Track record on safety

Thorburn ward had 12 serious incidents in the last 12 months up to 30 June 2018, out of a total number of 50 for the hospital site. The most common related to patient absenteeism without leave, self-harm or harm to others.

## Reporting incidents and learning from when things go wrong

Staff had access and reported incidents using e-compliance which was a web based risk management system. Staff clearly understood the reporting process and were aware of what to report. Staff recorded and categorised incidents within 48 hours. Once completed this was reviewed by the senior management team at the hospital within 24 hours or on Monday if following a weekend. Centrally a daily report was generated for key divisional staff, the group risk manager and director of safety.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

All serious incidents which required investigation were subject to an SBARD (situation, background, assessment and recommendations). Part of this process was to ensure duty of candour was adhered to and a team incident review was completed.

The duty of candour regulation is in place to ensure that providers are open and transparent with people who use services. It sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and a written apology when things go wrong.

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

Staff were well supported after incidents with individual or group de-briefs as appropriate as well as discussions at handover meetings and supervision. Staff discussed incidents and outcomes at reflective practice group meetings as well as clinical meetings and multidisciplinary meetings. Staff gave good examples of changes being made as a result of incidents to prevent further occurrences, which often involved specific changes to patient care. This was then recorded in patient notes. There was an example of a change in working as a result of a review into the increase of patient absenteeism without leave. Previously, one staff member was responsible for all intermittent observations on patients but this was changed to include other staff to ensure greater coverage.

## Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

We reviewed four care and treatment records and all had a comprehensive assessment of patient's needs. There were full assessments, including risks and physical health assessments, were undertaken for all patients at admission. There was also evidence in all four records of ongoing physical health care and monitoring.

Staff completed care plans which were up to date, holistic, recovery orientated and considered social and emotional wellbeing needs, as well treatment for the diagnosis. Staff completed plans at a minimum weekly and we saw this was more frequently, following incidents or changes in presentation. Care plans were personalised detailing patient views and showing evidence of patient involvement.

Care records were all stored on an electronic system used by the provider group. We saw staff use the system throughout the day to access leave authorisations and to complete pre- and post-assessment for leave, as well as ongoing clinical entries. Staff told us the patient record system was easy to complete, update and navigate around.

### Best practice in treatment and care

The service provided a wide range of care and treatment interventions suitable for the patient group and as recommended in guidance from the National Institute for Health and Care Excellence. This included medication and where appropriate psychological therapies including Dialectic Behavioural therapy. Patients participated in training and work opportunities to acquire living skills. There were good links with the local Dogs Trust charity for volunteering and patients were offered a fast track, two-week NVQ in Maths and English. There was also a patient café across the road from the ward and a gym patients could attend.

There was good access to physical healthcare; including specialists when needed such as podiatry, optician and screening. The physical health of individuals using the services was assessed as part of the admission process by a speciality grade doctor, and in all care records reviewed this was monitored and recorded as part of their ongoing treatment.

Staff supported patients to live healthier lives – for example, healthy eating advice, managing cardiovascular risks and screening for cancer. Staff also promoted smoking cessation schemes and offered all patients nicotine replacement. However, due to the acuity of the patients and the short-term nature of most patients stay, smoking was permitted for patients in the garden.

Staff on Thoburn used the Health of the Nation Outcome Scales recognised rating scales (HoNOS). This is a measure of the health and social functioning for people with severe mental illness.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff used technology to support patients effectively for example patients had easy access to Mental health web information on a dedicated patient computer. Technology also supported staff in the improvement of care. Incident types and times were recorded and clearly illustrated as types and the time of day of the incident. This helped staff to identify and eradicate heightened times for patients, for example by staff increasing activities at certain points.

Clinical audits were used within the service to monitor care being provided. Staff completed weekly audits included care plans, risk management plans, prescription and clinic room and equipment audits. The visiting pharmacist completed weekly and quarterly medicines management audits and we saw nursing and medical staff attended to any issues raised promptly. This service also participated in an annual audit against the National Institute for Health and Care Excellence guidance for schizophrenia.

## Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. The multidisciplinary team had two full time consultant psychiatrists, nurses, support workers and an assistant occupational therapist. There was also weekly input from an occupational therapist and a clinical psychologist. A social worker was employed on the hospital site and could provide advice and input if needed.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. However, the occupational therapist assistant only worked 5 days (Monday – Friday) therefore there were no planned activities at weekends. There were some excursions at weekends if staffing allowed and staff told us patient visitors were more common.

Managers provided staff with an appropriate induction together with a programme of mandatory training both face to face and online.

Staff were experienced and qualified to work within the service. Specialist training was available to staff, in addition to mandatory training, which was relevant to their posts such as ECG, physical health training and dialectical behavioural therapy.

Managers provided staff with regular supervision (meetings to discuss case management, to reflect on and learn from

practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings.

The percentage of staff that had had an appraisal in the last 12 months was 94%. This data reflects that two members of staff had not completed the appraisal process. However, management confirmed the appraisals had taken place and been recorded although in these two instances the online process was not fully complete.

The percentage of staff that received regular supervision was 87% which is lower than the hospital 12-month target of 95%. However, management confirmed that some figures were not available due to the changes in legislation relating to data protection. Supervision was monthly and online information supported management to monitor supervision attendance and ensure compliance.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. This was further enhanced by a new programme available for staff in the Priory on line learning academy. There was an aspiration pathway for staff to identify future roles and be provided with information as to what is required for staff to reach that. Staff gave positive feedback about this new development which is currently undergoing further enhancements to include additional roles.

## Multidisciplinary and interagency team work

The ward operated within a multidisciplinary team framework and we observed a strong collaborative approach to care and treatment.

Regular and effective multidisciplinary meetings took place and we attended two during our inspection. The meetings were planned, well-structured and demonstrated clear, effective communication of information which encouraged joined up working. Firstly, incidents from the previous 24 hours were reviewed and then all patients were reviewed. Discussions were comprehensive, covering areas such as risk, changes in presentation and needs, medication, the levels of support required and safeguarding concerns. Care records and risk assessments were updated following the meeting. Peer support and advice was offered within the meetings.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Handover formats on the ward were comprehensive and well planned. The information, allowed for a full and effective hand over for each shift.

The ward team had effective working relationships with teams outside the organisation particularly the local authority safeguarding team and a GP service which attended the ward for half a day a week. We saw evidence that the ward worked at establishing a relationship with patient's home teams which by the nature of the ward were nationwide.

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

Staff were trained in and had a good understanding of the Mental Health Act, the code of practice and the guiding principles. Up to 30 June 2018, 88% of hospital staff had had training in the Mental Health Act. The hospital target for mandatory training was 85%. This training was mandatory and completed annually by staff.

The provider had relevant policies and procedures that reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the code of Practice on the intranet.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of practice on site. Staff knew who their Mental Health Act administrator was and described having excellent working relationships. The Mental Health Act administrator delivered the Mental Health Act induction training to all new employees.

Patients had easy access to information about independent mental health advocacy. Notices were displayed on the ward notice board and the advocacy service visited once a week. Staff encouraged patients to speak with the advocacy representative.

Staff followed and explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded this in patient records.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this had been granted. Staff assessed patients mental state prior to going on leave. Staff requested an opinion from a second opinion appointed doctor when necessary. Staff

stored copies of patients' detention documentation and associated records (for example, Section 17 leave forms) correctly and so that they were available to all staff that needed access to them.

The service clearly displayed a notice to tell informal patients that they could leave the ward freely on the exit door of the ward.

Care plans identified Section 117 aftercare services for those who had been detained under section 3 or equivalent of the Mental Health Act.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. The last overall Mental Health Act audit for the hospital within the last 12 months and randomly sampled five patients from each ward. We saw actions had been taken to address any issues found. Patient documentation was also audited by the Mental Health Act Administrator as it was retained on patient files. There were monthly management quality walk rounds when the ward was audited for the reading of rights and the Mental Health Act documentation.

## **Good practice in applying the Mental Capacity Act**

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Up to 30 June 2018, 87% of hospital staff had had training in the Mental Capacity Act. This training was mandatory and completed annually by staff.

There were no of Deprivation of liberty safeguards applications made for patients on Thoburn Ward in the last 12 months, therefore we were unable to inspect this.

The provider had a policy on the Mental Capacity Act, including Deprivation of liberty safeguards. Staff confirmed they were aware of the policy and all had access to it through the intranet. Should staff require further advice they contacted the Mental Health Act office which was on site.

Staff gave patients every possible assistance to make a specific decision for themselves. For patients who might have impaired mental capacity, staff arranged for a capacity assessment to be completed and we evidenced this was recorded appropriately. They did this on a decision-specific basis, for example withholding a patient's mobile phone to prevent reputational and financial loss for a short period. When patients lacked capacity, staff made

# Acute wards for adults of working age and psychiatric intensive care units

Good 

decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. There had been no concerns raised regarding capacity or decision making for patients currently living at the service.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it. For example, the recording of capacity assessments within the care records and the name of the person who carried out the assessment.

## Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

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

Staff attitudes and behaviours when interacting with patients showed that they were calm, positive, respectful and responsive to the needs of patients. It was clear staff knew patients well, providing patients with help, emotional support and advice at the time they needed it. The feedback we received from patients was positive. We observed a community meeting and saw patients' thoughts and views were actively sought, considered and addressed. Patients were then provided with suggestions and practical solutions to improve or resolve the issue or concern.

Staff understood the individual needs of the patients and supported patients to understand and manage their care, treatment or condition. Cultural, religious and social needs were discussed on admission and documented in patient care records. They also helped patients access different services such as advocacy. Staff provided patients with a bag of essential personal items upon admission.

Patients said staff treated them well, were kind and considerate. We saw patients were confident to raise any concerns such as medicines or their conditions with staff and those that had told us that they helped them to resolve the issue.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences as there was an open culture.

Staff maintained the confidentiality of information about patients. Patient care records clearly documented patient preferences regarding sharing information with others. This information was securely stored online.

### Involvement in care

#### Involvement of patients

Staff used the admission process to orient patients to the ward and the service. Admissions occurred at any time day or night due to the nature of the ward and staff provided patients with patient information packs. Patients were also shown around the ward and remained with a staff member until the admission process was complete.

Staff involved patients in care planning and treatment. Patients could attend multidisciplinary meetings about their care and treatment and if they did not want to or could not attend they could input their views and questions for staff to respond to. After the meeting staff met with patients to talk to them about the outcome of the meeting. There was evidence of patient input documented in care plans and it was noted if patients had accepted or refused copies of care plans.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties, such as simple language and the availability of an interpreter if appropriate for patients.

Staff enabled patients to give feedback on the service they received via surveys at the daily weekday community meetings for patients which was facilitated by the assistant occupational therapist. This meeting informed patients of any current issues, determined participation for the day's activities and provided a forum for patients to ask questions or raise concerns directly with staff. There was also a complaints box for anonymous complaints and once a week patients were invited to attend the multidisciplinary meeting to discuss ongoing issues. Patients were also asked to complete a survey upon discharge.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff ensured that patients could access advocacy. Patients told us they knew how to contact the advocate and we saw that this was encouraged by staff during our inspection. A poster containing information about how to contact the advocate was displayed clearly on the ward.

## Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Where there was patient consent, carers and/or family members were invited to review meetings. However, as most patients were from out of the area and distances prevented frequent visits by family, staff often called parents and carers to keep them up to date with care and treatment or to respond to concerns.

Staff enabled families and carers to give feedback on the service they received. The hospital had also recently tried a carer meeting however attendance was poor. The hospital explained this was largely due to the distances many carers had to travel to attend.

Staff provided carers with information about how to access a carer's assessment if appropriate.

**Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)**

Good 

## Access and discharge

### Bed management

The average bed occupancy over the last 6 months up to 30 June 2018 was 88%.

The number of out-of-area placements attributed in the last 12 months is not applicable for this service as patients are referred into the ward when there is vacancy. Vacant beds on the ward were available nationwide as part of the commissioning.

Patients bedrooms were always available when patients returned from leave. Leave from Thoburn ward was either informal or as section 17 leave.

Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. When patients were moved or discharged, this happened at an appropriate time of day.

The triage team were usually able to locate an available bed in a psychiatric intensive care unit (PICU) if a patient required more intensive care. This could be further away from home for some patients.

## Discharge and transfers of care

In the last 12 months, there were no delayed discharges reported from Thoburn ward.

Staff told us they planned for patients' discharge from admission and we found this was documented in three out of the four patient care records reviewed. The record without a discharge plan clearly documented that the patient failed to engage at admission therefore staff awaited patient engagement to ensure all their needs were met prior to formulating the plan. Discharge plans helped to ensure the smooth coordination of services and care after a patient left hospital. Discharge planning included establishing relationships and liaising with the patient's local care managers and co-ordinators from wherever the patient originated. If patient consent permitted, staff also involved carers and family members in discharge plans.

Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit.

## Facilities that promote comfort, dignity and privacy

Patients had their own bedrooms with en suite shower facilities and were not expected to sleep in bed bays or dormitories. Patients could personalise bedrooms, although we saw many did not due to the short-term nature of their stay.

Patients had somewhere secure to store their possessions. This was in a safe in the nurse's office. Patients usually had keys for their bedrooms but, at the time of our inspection the contract for the locksmith had been changed and the ward was in the process of renewing all bedroom door locks. This was to ensure all patients had their own keys and there was a simplified replacement system for lost keys, which in past months had caused an issue.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff and patients had access to the full range of rooms and equipment to support treatment and care. This included a TV lounge, a large open lounge, a female only lounge, a dining room and a range of other rooms for meetings and activities in different parts of the ward. This included an 'activities of daily living kitchen' which was used for patients to develop basic life skills. Patients could make hot drinks and snacks 24/7 in the patient kitchen in the main communal area.

There were quiet areas on the ward and a room where patients could meet visitors and a dedicated room and procedure for visiting children. Patients could make a phone call in private on the ward, although most used their mobile phones in their own rooms for this purpose.

Patients had access to a garden and smoking area and adjacent to the ward on the main hospital site patients had access to café as leave allowed, and a well-equipped gym with supervision.

## Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and helped them establish relationships in the wider community. Patients stay was often short on the acute ward but there was an opportunity for patients to complete a fast track NVQ in Maths and English to help patients when they were discharged. There was also good relationship between the hospital and local dogs trust charity so patients could volunteer there to help with the animals.

Staff encouraged and supported patients to maintain contact and relationships with their families and carers. However, some patients felt isolated as they were so far away from home which made it difficult for families to visit on a regular basis.

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

The service made adjustments for patients with mobility issues. There were two suitable ground floor rooms available and access to and around the ward was good. The ward was able to admit patients requiring a wheelchair if the ground floor rooms were available and suitable for their needs.

Information was available in a variety of formats. Patients received an information pack on admission together with Mental Health Act information and documentation, if appropriate.

Notices displayed on boards in communal areas were very informative about the service including staff photos, healthy eating and ward activities. There was additional information regarding local services, local transport, Independent Mental Health Advocacy services and patients' rights together with guidance to inform people how to make a complaint. The information we saw was appropriate for the service and if information was required in any language other than in English interpreters were available.

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups. These were highlighted on patient records together with allergies as part of the admission process. There was a full-time chef on site. Patients said the food quality and choice was good, one referred to it as 'like proper restaurant food'. Patients could also request food not on the menu if necessary.

The occupational therapist assistant ran the activities programme for patients on weekdays and ward staff provided weekend excursions. Staff ensured that patients had access to appropriate spiritual support and there was a multi faith room on site, near to Thoburn ward.

## Listening to and learning from concerns and complaints

This core service received three complaints between 1 July 2017 and 30 June 2018. Of these, one was upheld and two were partially upheld. No complaints were referred to the Ombudsman. We saw evidence of learning from complaints. Staff introduced a new process as part of the admission process to ensure all patient property was listed to prevent losses.

Patients knew how to complain or raise concerns. There was information on display around the ward about how to make complaints, including contacting the Care Quality Commission. Most said they would speak to staff and others used community meetings and the anonymous suggestions/complaints box. Patients told us that they would feel safe to raise concerns without fear of repercussion and staff responded to them with feedback or solutions. They also had regular access to an independent mental health advocate should they wish to raise concerns to someone impartial.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

## Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Outstanding



### Leadership

Leaders had the skills, knowledge and experience to perform their roles. The ward manager had a good understanding of the service they managed and a clear focus on providing high quality care. Staff consistently spoke very positively about their manager and said they felt well supported. Staff said the manager was very visible on the ward, and had a 'hands on' approach, carrying out practical tasks to support staff when needed which we also observed. All staff felt comfortable raising issues directly with senior colleagues and were confident these would be addressed.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

Leadership development opportunities were available and staff were encouraged to develop skills and competencies. There were also opportunities for staff below this level to develop.

The ward manager was familiar with the training and development needs of the team, and supported staff to attend training to develop skills and competencies.

Staff spoke positively about the Priory online academy which included details of career pathways available to staff. When staff had identified their preferred choice of career, information was provided regarding qualifications and training required to allow staff to progress. Managers told us that the system was undergoing further enhancements and would continue to develop to include additional roles.

### Vision and strategy

Staff knew and understood the provider's vision and values and could describe how the values were used to guide

team and individual practice. The Priory ensured the values were part of the recruitment process to help identify suitable staff to work within the organisation from the outset.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff, which started at the staff induction. There were displays communicating what the values were on the ward notice board and further information was available on the Priory intranet. Staff had individual copies of values and expected behaviours and these were integrated into the Care Certificate workbooks.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff were encouraged to identify and discuss any improvements or developments at monthly staff team meetings or monthly 'your say forum' which was attended by the hospital director.

### Culture

All staff we spoke to told us that they felt well respected, supported and valued. Feedback from staff of all grades and professions told us that they consistently felt part of a team and their opinion was treated with equal respect. Across the ward we found staff were upbeat and positive about working for the Priory.

Staff had a good understanding of the concept of whistleblowing and knew the provider's processes for raising concerns. However, the staff we spoke to all said in the first instance they would raise concerns directly with management and described the culture as very open and honest. There was a whistleblowing policy to support staff to raise concerns.

The ward manager was confident to manage staff performance including poor performance. Teams worked well together and where there were difficulties the manager dealt with them appropriately. There was a human resources department on site to further assist staff or management with issues.

Staff said there were numerous opportunities for progression and development. Many of the staff within the service over time, had progressed into different roles. Appraisals were annual and included conversations about career development and how it could be supported.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

The service's staff sickness and absence was low at 4.6% although this was slightly higher than the average 3.24% for the hospital site.

The provider consistently recognised staff success within the service for example, through staff awards. These comprised of length of service or pride awards. All staff were able to nominate colleagues and this was reviewed by the 'Your say forum' prior to an award being made.

## Governance

The service had excellent systems and processes in place to assess and monitor quality and safety on the wards. Managers had access to performance dashboards which allowed them to have oversight of key performance indicators including staffing, incidents, mandatory training compliance, staff sickness rates and annual appraisal rates.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information such as risks, safeguarding and learning from incidents and complaints, was shared and discussed. The Hospital director reviewed all team meeting minutes and ensured information was shared with other teams directly. We found evidence that staff had implemented recommendations from incidents and complaints at the service level for the benefit of both patients and staff on wards.

Staff undertook or participated in local clinical audits. There were regular audits in key areas such as clinical equipment, medication, infection control and Mental Health Act documentation. The audits were sufficient to provide assurance of compliance and staff acted on the results.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the patients. For example, on Thoburn ward this involved, working with numerous home teams nationwide due to the admission criteria.

## Management of risk, issues and performance

Staff had access to the risk register and were able to escalate concerns for inclusion in the corporate risk register. Staff concerns matched those on the risk register.

The provider had a business continuity plan in place which took into account unforeseen circumstances which could affect the running of the service.

## Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, worked well and enabled them to record and review information they required to provide patient care and treatment.

Team managers had access to key information to support them with their management role. The service had innovative systems to capture and show information on a range of areas of performance and to improve the quality of care delivered. Systems were intelligent and enabled information to be presented on dashboards with limited burden on frontline staff. This included information on incidents, staff training, appraisals and supervision. We saw information was accurate, timely, in an accessible format, and identified areas for improvement. Information governance systems included confidentiality of patient records.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider. Staff received information from their managers, through meetings and forums and in direct communications from the provider. Patients received information from the provider through community meetings with staff and the intranet.

Carers received information through contact with staff, with patient's consent, and through the intranet. The provider was trailing carers meetings to improve engagement although attendance was low due to the geography involved.

Managers had access to dashboards.

Patients had opportunities to give feedback on the service through regular community meetings, surveys and attending a weekly multidisciplinary meeting. Managers and staff considered the patient feedback and used it to make improvements.

Senior managers regularly engaged with staff through quality walk arounds. These were quality audits where managers from other wards and senior managers attended on a monthly basis. This allowed staff access to senior managers to provide feedback about the service. Staff told us that senior managers were very visible and approachable. We saw that the Hospital Director had high visibility on the wards.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

## **Learning, continuous improvement and innovation**

Thoburn ward were progressing their application for an Accreditation for Inpatient Mental Health Services (AIMS) accreditation scheme. This is whereby the service they provide is reviewed and awarded an accreditation if they demonstrate that they meet a certain standard of best practice. The ward was currently being benchmarked against different wards as part of the process.

The hospital also had a safe wards Champion and certain aspects of Safe wards was specifically being utilised on Thoburn ward these included, discharge messages from patients upon leaving and know each other which helps patients get to know staff more easily.

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

Outstanding 

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

## Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

### Safe and clean environment

#### Safety of the ward layout

Staff did regular risk assessments of the care environment. Regular environmental risk assessments were carried out over the whole service. Action points were highlighted and staff dealt with these as a priority.

Ward layout allowed staff to observe all parts of wards. All long stay wards were open and bright. Bedrooms were down corridors which ran from the main lounge areas. The ward offices were situated in a position which allowed staff to see the majority of ward areas. Closed circuit television was also in place throughout the hospital, allowing staff clear sight of all ward areas.

Staff had mitigated the risks of potential ligature anchor points adequately. Ligature risk assessments were carried out throughout the hospital annually with the last being completed on 3 August 2018. In areas patients were able to access, steps had been taken to mitigate risks, through observation, closed circuit television and individual patient risk assessments. Staff were aware of the areas of concern and which patients needed closer observation in these areas.

Wards complied with guidance on eliminating mixed-sex accommodation. The long stay/rehabilitation service consisted of four wards. Hazelwood and Oak wards were

each ten bed units for females, Dalton was a 13 bed unit for females and Linden was a 15 bed unit for males. Each ward gave patients individual bedrooms with en-suite facilities. Facilities on wards included a lounge, dining area, quiet lounge, art room and sensory room.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff working on wards were provided with personal alarms which they could use to summon help if needed. All rooms that patients had access to were fitted with nurse call systems which ensured patients were able to call for help in an emergency.

#### Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well-maintained. Wards were clean and tidy. Furnishings on the ward were clean and well maintained with old and damaged furniture being disposed of or refurbished.

Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. Regular cleaning schedule were in place for each ward and were up to date with no gaps. Throughout our inspection domestic staff were carrying out cleaning duties on each of the wards.

Staff adhered to infection control principles, including hand washing. Hand sanitiser dispensers were available throughout the hospital, this included in the entrance of all buildings and wards, as well as additional dispensers on each ward. Staff were seen to observe the principles of infection control throughout the inspection including hand washing and using hand sanitiser.

#### Seclusion room

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

Outstanding



The service did not have a seclusion room and patients were not secluded in any other room in the hospital. However, there were facilities for seclusion at a nearby hospital if this was required.

There were no patients in long-term segregation and this had not been used in the service over the last 12 months.

## Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Each ward had a dedicated clinic room. All clinics had appropriate emergency drugs and emergency grab bags were kept in the ward offices to allow for easier access. In addition, all wards had multiple sets of ligature cutters in the ward office.

Staff maintained equipment well and kept it clean. All clinic rooms were clean, tidy and well organised. Daily temperature checks were carried out on clinic rooms and medical fridges. There were no gaps in recording and temperatures were within acceptable limits for the previous three months. Clinic room equipment was regularly cleaned, serviced and recalibrated. Records showed this had been carried out within the last six months on all equipment.

All clinic rooms had the latest version of the British National Formulary.

## Safe staffing

### Nursing staff

Between 1 July 2017 and 30 June 2018 the number of substantive staff in post were;

- Dalton – 32
- Linden – 26
- Hazelwood – 35
- Oak 32

The total number of vacancies on each ward (excluding seconded staff), were;

- Dalton – 7%
- Linden – 18%
- Hazelwood – 0
- Oak – 7%

Sickness levels for permanent staff were;

- Dalton – 5.6%

- Linden – 2.7%
- Hazelwood – 2.7%
- Oak – 4.5%

Whole time equivalent establishment level staffing figures for the long stay rehabilitation wards were;

- Dalton – 8.92 qualified nurses and 23.29 nursing assistants
- Linden – 7.61 qualified nurses and 18.61 nursing assistants
- Hazelwood – 8.66 qualified nurses and 26.41 nursing assistants
- Oak – 7 qualified nurses and 25.33 nursing assistants.

At the time of our inspection the service had recruited several substantive staff and this meant the number of vacancies had reduced. Whole time equivalent vacancies for each ward were;

- Dalton – 0 qualified nurses and 2.91 nursing assistants
- Linden – 0.69 qualified nurses and 4.99 nursing assistants
- Hazelwood – no vacancies
- Oak – 1.33 qualified nurses and 1.07 nursing assistants.

Managers had calculated the number and grade of nurses and healthcare assistants required. Staff on the wards worked 12-hour shifts. Managers used a Priory Healthcare Group staffing ladder to calculate the number of staff required on each ward. Meetings were held each morning to discuss and review staffing levels on site.

Ward managers could adjust staffing levels daily to take account of case mix. Staffing was discussed each morning and an extra staff member was automatically brought in for each patient on enhanced observations, allowing other staff to continue with the day to day activities of the wards.

At the time of inspection staffing levels in the long stay rehabilitation services had improved and they had vacancies of only 0.4% for nursing staff. All nursing assistant roles had been filled and the service had recruited enough staff to ensure they were able to cover when patients were on enhanced observations.

When necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. During the period 1 April 2018 to 30 June 2018, the service filled 352.5

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

Outstanding



shifts with bank or agency staff. Potential risks were mitigated by using the same agency staff where possible. This allowed staff to gain knowledge of the wards and patients thereby providing continuity of care.

The number of shifts filled by bank and agency staff on each of the wards was;

- Dalton – 144 bank and 12 agency
- Linden – 7 bank and 2.5 agency
- Hazelwood – 84 bank and 52 agency
- Oak – 24 bank and 27 agency.

There were no shifts that had not been covered by bank or agency staff during this period.

When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. The induction they received was the same as the permanent staff who worked in the service and ensured they were aware of company policies and procedures.

A qualified nurse was present in communal areas of the ward at all times. Throughout our inspection we saw there were always staff in the communal areas of the ward.

## Medical staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Each ward within the service had its own responsible clinician and cover was provided from within the service when needed. Out of hours there was an on call psychiatrist who supported the entire site.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We looked at the care and treatment records of ten patients. All records we reviewed contained individual risk assessments with regular reviews being carried out. Risk assessments were individual to the patients and contained details of their specific risk areas. This included, self-harm, neglect and suicide.

Staff completed a risk assessment of every patient on admission and updated it regularly, including after any incident. Risk assessments were carried out as part of the admission process and reviewed every month, as well as following incidents and if a patient's presentation deteriorated. All the records we looked at had regular reviews carried out.

Staff used a recognised risk assessment tool. The service used their own risk management plans in conjunction with the short-term assessment of risk and treatability risk assessment tool.

### Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. Staff carried out appropriate risk assessments in relation to specific risks. For example, where patients had mobility problems or impaired sight, staff identified the possible risks and how these could be best managed.

Staff identified and responded to changing risks to, or posed by, patients. All risk assessments had crisis survival plans. These gave staff details about what patients considered to be their main risk areas and how staff could help to prevent or de-escalate risk. For example, some patients asked for observation levels to be increased, others wanted to speak to family, or have access to the multi-faith room. Crisis survival plans were embedded in care plans and staff knew patients and the help they preferred. We saw references to these plans being implemented in care records. Staff told us that the acuity of patients on the wards could change quickly. Throughout our inspection all wards appeared settled. Staff responded to incidents quickly and dealt with them in a calm manner. Staff who were not involved were able to ensure that other patients were not affected by incidents.

Staff followed good policies and procedures for the use of observation and for searching patients or their bedrooms. We spoke with staff about the observations of patients and all staff told us that observation levels were based on individuals and their presentation. Care records we looked at confirmed this.

Staff applied restrictions on patients' freedom only when justified. There were no blanket restrictions in operation in the service. There was a list of banned and restricted items. These included knives, fireworks, wire coat hangers, razor blades and plastic bags. Items on the list were identified as being potentially dangerous to patients or staff and were in line with what would be expected on a rehabilitation ward.

Staff adhered to best practice in implementing a smoke free policy. The service had a policy in place which related to smoking. The policy and staff in the service followed public health guidance PH46 Smoking: acute, maternity and mental health services from the National Institute for

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

Outstanding



Health and Care Excellence. Staff were able to offer patients help with smoking cessation and were able to offer alternatives to cigarettes like e-cigarettes, patches and lozenges.

Informal patients could leave at will and understood this. The majority of patients in the service were detained under the Mental Health Act and all wards in the service were locked. Patients who were not detained had been told about their right to leave the wards and we saw signage in all wards which told patients about this right. We spoke with two patients who were informal and they confirmed that they were able to leave the ward when they wanted.

## Use of restrictive interventions

The service did not have any seclusion rooms and we were told patients were not secluded in any other area of the hospital. In the twelve months prior to inspection there were no episodes of seclusion or long-term segregation.

The wards in this service participated in the provider's restrictive intervention reduction programme. All staff had received training in the 'safewards' model as a method of assisting this. Safewards is a model explaining variation in conflict and containment which is done using different types of intervention. For example, mutual expectation, reassurance, positive words and calm down methods.

Between 1 January 2018 and 30 June 2018 staff recorded 409 incidents of restraint. This figure was made up of all four wards as follows;

- Dalton 72
- Linden 7
- Hazelwood 86
- Oak 244

Restraint on Oak ward was considerably higher than the other wards as the patients on this ward were more acutely unwell and were at the start of their rehabilitation.

Staff were trained to carry out physical interventions and used the correct techniques. All staff were trained in the prevention and management of violence and aggression. The service had a 'reducing restrictive practice' steering group in operation and a 'reducing restrictive practice' strategy in place.

Staff used de-escalation techniques and safe wards approaches if there was an incident. On occasion, staff would intentionally withdraw warmth from their interaction

with patients to avoid inadvertently reinforcing difficult or challenging behaviour. Staff would ensure safety, respect and dignity were maintained but without supporting patients in the traditional manner. Where this method was used, care plans were in place.

Restraints involved 50 patients across all wards. Staff used prone restraint four times during this period, once on Dalton ward and three times on Oak ward. Where prone restraint was used it was for only a short period of time and was used to ensure the safety of the patient and staff. Rapid tranquilisation had not been used on any of these wards in the previous 12 months.

Patients had positive behavioural support plans in place and these included a record of patients wishes in relation to restrictive interventions.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. Staff and patients we spoke with agreed that when restraint was used it was as a last resort and was proportionate.

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquilisation. The service had a policy in place for the Prevention and Management of Disturbed/Violent Behaviour, which gave staff instructions in relation to the use of rapid tranquilisation and ensured that staff followed relevant guidance. The use of rapid tranquilisation followed, 'Violence and Aggression: Short-term management in mental health and community settings NG10' from the National Institute for Health and Care Excellence.

## Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. At the time of our inspection 92% of the staff working at the hospital had completed mandatory training in safeguarding of children and adults. Staff we spoke with were clear about what a safeguarding concern was and how to raise a safeguarding alert. Staff knew who the safeguarding lead was and where to find them if they had any questions or concerns.

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

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in

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

Outstanding



partnership with other agencies. Staff were able to give examples of types of abuse and were able to give details of some characteristics displayed by people who were suffering from abuse. We saw signage throughout the service which related to safeguarding and gave details of the local authority safeguarding team.

Staff followed safe procedures for children visiting the ward. The service had policies in place for the safeguarding of adults and children and these were linked to policies in relation to child visiting. There were robust procedures in place to protect children who visited the service and there were dedicated areas for child visitors.

## Staff access to essential information

All information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form. This included when patients moved between teams. All patient records were in electronic format which meant staff throughout the hospital were able to access and update records easily. Bank staff and agency staff who regularly worked in the service had their own log in information which allowed them access to patient notes. However, new agency staff and those who were not regularly used did not have individual access, they would need another staff member to update records on their behalf. Staff did not tell us this caused difficulty.

The service had an electronic clinical governance system which managers used to review information relating to staff training, supervision and appraisals. The system also allowed easy access to incidents which occurred over the wards.

## Medicines management

Staff followed good practice in medicines management and did it in line with national guidance. Medicines were securely stored and were only accessible to qualified staff.

Controlled drugs were stored in a way that met with requirements and additional checks were carried out to ensure they were properly managed. Controlled drugs are medicines that require special storage and extra checks due to the potential for misuse. Refrigerated medicines were appropriately stored and checks were carried out to ensure the temperature in clinic rooms and clinic fridges were within required levels.

We looked at the prescription charts of 20 patients and found all were completed correctly. Where patients were taking a high dose of antipsychotic medicine we saw evidence of regular physical health tests being carried out in line with national guidance.

There was a clear process in place for enabling patients to take prescribed medication. Patients were assisted through different stages and when they were ready were able to keep their medication in locked cabinets in their room to take at the appropriate time.

We saw evidence of patient involvement in discussions relating to their medication reviews and of requests for a Second Opinion Appointed Doctor when patients had refused treatment or lacked capacity.

Topical creams and lotions had been noted with the patient's name, an opening date and an expiration date and body maps were in place. Liquid medicines also had opening dates and expiration dates recorded and were stored in fridges after opening.

## Track record on safety

Between 1 July 2017 and 30 June 2018, the service had 38 serious incidents with the great majority being self-harm. Staff managed incidents through the use of observations and individual risk assessments.

Staff in the service were aware of patients' use of self-harm and had engaged patients in taking responsibility and managing difficult situations. In addition, staff at the service were involved in regional conferences relating to particular aspects of self-harm and how these could be managed best.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff were able to report incidents when they occurred. Staff we spoke with were aware of the system and what should be reported.

Staff reported all incidents that they should report. Incidents were recorded on the system within 48 hours of an incident occurring. When this had been completed the incident was reviewed by the senior management team and a daily report was generated. Incidents which required further investigation had situation, background, assessment and recommendation reports completed.

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

Outstanding



Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff told us that they were encouraged to be open and honest and said that if things went wrong patients and families were given a full account of what had happened.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff and patients were supported when incidents occurred. Incidents were discussed and feedback given at handover meetings, supervision and as part of the clinical governance meetings.

Staff met to discuss feedback. Feedback from incidents and investigations was discussed during supervision, team meetings and other meetings throughout the service.

Staff were debriefed and received support after a serious incident. Staff were able to discuss incidents individually or as part of a group and the reflective practice group meetings allowed further review and discussion.

Lessons learned were shared throughout the service and The Priory Group. Staff were able to give examples of changes that had been implemented as a result of lessons learned. For example, a new process had been put in place in relation to personal property. This included a process on admission and also a process for personal money held by the ward.

## Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good



### Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. Assessments were used as a basis for identifying individual risk.

Staff assessed patients' physical health needs in a timely manner after admission. Physical health assessments were

completed as part of the admission process. This included height, weight, blood pressure and general observations. A complete physical and mental health history was taken and recorded in care and treatment records.

Staff developed care plans that met the needs identified during assessment. Staff carried out regular physical health checks for patients. Some medicines can have unwanted or harmful side-effects if not managed correctly. In order to manage these, staff carried out regular physical health checks and blood tests carried out.

Care plans were personalised, holistic and recovery-oriented. Care and treatment records all included risk assessments which were individual to the patient. Care plans contained patient involvement and views.

Staff updated care plans when necessary. Care and treatment records showed regular review were carried out and individual care plans were changed according to patient needs. Reviews were carried out monthly or as patient needs changed.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute of Health and Care Excellence. This included medication and psychological therapies including dialectical behaviour therapy and activities to help patients acquire living skills. Patients were able to carry out work locally to assist them with their rehabilitation. Some of the patients we spoke with volunteered at local shops and some were furthering their education with adult literacy and numeracy or Open University courses.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. The service had a physical healthcare nurse on site who carried out checks to ensure that patients were able to access care and treatment available outside the hospital. This included supporting patients to access routine screening like cervical smears, mammograms and rectal screening.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. Some patients required prompting to eat meals and drink regularly. Care plans showed physical health checks had been carried out

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

Outstanding



and where there were concerns about patients' weight or their food intake these were recorded. Plans were in place for patients who required additional support to maintain their weight or needed supplements to gain weight. Evidence of this was seen during our inspection with reminders in the nurse's office to ensure that patients received additional meals.

Staff supported patients to live healthier lives. Patients were not able to smoke in the service and staff offered smoking alternatives and advice on cessation. The service was able to offer healthier meals with low calorie, low sugar menus. There was an onsite fitness trainer who worked with patients to promote exercise and wellbeing.

Staff used recognised ratings scales like the Health of the Nation Outcome Scales to assess and record severity and out outcomes.

Staff used technology to support patients effectively. For example, patients were able to use a computer to access information on the internet. Patients were also encouraged to download a mindfulness application for mobile telephones which could help them when they were out of the hospital.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. Regular clinical audits were conducted and used to monitor care and quality. The service used an external pharmacist who carried out weekly medicines management audits and the service participated in the Royal College of Psychiatrists' national schizophrenia audit.

## Skilled staff to deliver care

The team included or had access to the full range of specialists to meet the needs of patients on the wards. This included doctors, nurses, an occupational therapist and occupational therapy assistants, clinical psychologists, registered general nurse for physical health concerns and a social worker.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group.

Managers provided new staff with appropriate induction. New staff were provided with a corporate induction which included a programme of mandatory training and support was provide in the service with new starters having a peer mentor.

Managers provided staff with supervision and appraisal of their work performance. These were used to discuss their role and to reflect on and learn from practice, and for personal support and professional development.

The percentage of staff that had had an appraisal in the last 12 months was;

- Dalton 100%
- Linden 100%
- Hazelwood 96%
- Oak 97%

The number of staff that had received regular supervision was 82%. This figure was for the entire hospital and not just the core service. Supervision and appraisals were recorded on a computer system which allowed management to monitor compliance. Ward managers were sent monthly reminders regarding staff supervision to assist them.

Managers identified the learning needs of staff and provided them with opportunities to develop their skill and knowledge. Staff were able to access the Priory online academy which included details of career pathways available. When staff had identified their preferred choice of career, information was provided regarding qualifications and training required to progress.

Managers ensured that staff received the necessary specialist training for their roles. Staff were able to request training to enhance their knowledge and experience. All of the nurses and support staff were encouraged to take part in dialectical behaviour therapy and other training was available dependent on staff roles, this included electrocardiograms and venepuncture.

Managers dealt with poor staff performance promptly and effectively. Concerns relating to performance were dealt with in accordance with the policies of the service. Staff who were performing below the expected level were supported to improve their performance. Staff told us they felt supported by their managers.

## Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. Daily multidisciplinary team meetings were held. Meetings were planned and well-structured allowing for clear and effective communication of information. Meetings were held every weekday and consisted of a review of the previous 24 hours. This included incidents, admissions, discharges and discussion relating to each patient within

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

Outstanding



the service. Discussions were detailed and included changes in patients' presentation or needs, risk areas and support. Care and treatment records and risk assessments were changed and updated following these discussions.

Staff shared information about patients at effective handover meetings with the team. All wards in the service participated in an effective handover. Handovers were carried out twice daily, in line with shift changes. An agenda was in place for ward handovers and allowed for an effective handover with additional and standing agenda items in place.

The ward teams had effective working relationships with teams outside the organisation. There were close links with the local GP surgery and systems had been put in place with the local accident and emergency department to ensure patients and staff were safe. Staff worked with the appropriate local authorities to secure accommodation for patients who were to be discharged and with safeguarding teams to protect people from potential risks.

Relationships between the service, care co-ordinators and care managers of local services that would provide aftercare was positive and the services worked closely to ensure patients were given the best possible care.

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

Staff were trained in the Mental Health Act, the code of practice and the guiding principles. The hospital target for mandatory training was 85%. As at 30 June 2018, 88% of staff had received training in the Mental Health Act. This figure was for the entire hospital and not just this core service. Training was mandatory and staff were required to complete this annually.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of practice on site. Staff knew who their Mental Health Act administrator was and told us they had good working relationships with colleagues.

The provider had relevant policies and procedures in place that reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the code of practice via the service intranet.

Patients had easy access to information about independent mental health advocacy. Notices were

displayed throughout the service and on notice boards of all wards about the advocacy service. Representatives of the advocacy service visited weekly and staff encouraged patients to speak with them.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Care and treatment plans showed clear evidence of staff explaining patients' rights.

Staff ensured that patients were able to take Section 17 leave when this had been granted. Staff and patients confirmed that there were enough staff on duty to allow patients to take leave. We were told by both staff and patients that leave was rarely cancelled due to there not being enough staff. When patients were granted leave staff carried out an assessment of their mental state prior to leaving the service.

Copies of papers relating to patients' detention were stored safely and securely and were available to all staff who needed access to them.

T2 and T3 papers were in place where required and had been appropriately completed. T2 forms are used when a patient consents to treatment and T3 forms are used for patients who refuse treatment or can't consent as they lack mental capacity to do so. We found one patient had both a T2 and T3 in place. This was because the patient consented to part of their treatment but not all of it and a second opinion appointed doctor was required to authorise the treatment.

The service displayed notices to tell informal patients that they could leave the ward freely.

Care plans identified Section 117 aftercare services for those who had been detained under section 3 or equivalent of the Mental Health Act.

Staff completed regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. The Mental Health Act administrator for the service carried out regular audits on patient documentation. In addition, there were monthly management walk rounds when each of the wards were audited on patient rights being explained and Mental Health Act documentation.

## **Good practice in applying the Mental Capacity Act**

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

Outstanding



Staff had a good understanding of the Mental Capacity Act and the five statutory principles. As at 30 June 2018, 87% of staff had received training in the Mental Capacity Act. This figure was for the entire hospital and not just the core service. Training in the Act was mandatory within the service and staff were required to complete this annually.

There were no Deprivation of Liberty Safeguards applications made for patients on any of the wards in the service in the period from 1 January 2018 to 30 June 2018.

The provider had a policy on the Mental Capacity Act, including Deprivation of liberty safeguards. Staff were confirmed they were aware of the policy and were able to access it via the service intranet. Staff knew they could get extra help regarding the Mental Capacity Act from the Mental Health Act office.

Staff gave patients every possible assistance to make specific decisions. When staff thought patients might have impaired capacity they arranged for a capacity assessment to be carried out. Capacity assessments we reviewed were fully documented on care records and were based on specific decisions. For example, withholding a patient's money while on the ward, to prevent the potential for financial loss.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. We saw evidence of decisions being made in the best interests of the patient and of discussions relating to decisions. All information relating to these types of decision were appropriately documented and stored to ensure access if needed.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff carried out audits in relation to the application of the Mental Capacity Act and action points were formulated from lessons learned.

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Community meetings had been arranged for all wards and patients were encouraged to discuss any concerns and feedback regarding the service. Staff recorded patient's comments and these were forwarded to managers to address.

Staff supported patients to understand and manage their care, treatment or condition. Staff spent time with patients talking to them about their individual needs and how they could prevent their condition from impacting on their daily activities. Patients were encouraged to download an application for their mobile telephones which could help them to deal with situations they might find challenging.

Staff directed patients to other services when appropriate and if required, supported them to access those services. Staff spent time helping patients to gain access to financial support and housing. When patients were due to be discharged, staff helped patients to access support services.

Patients said staff treated them well and behaved appropriately towards them. Feedback we received from patients in the service was very positive. Patients were happy to raise concerns with staff and felt confident that concerns would be handled properly.

Staff understood the individual needs of the patients. Patients were treated as individuals and staff were aware of their cultural, religious and social differences. Patients' individual needs were discussed as part of the admission process and care records contained information which had been shared and was relevant to the admission.

Staff maintained the confidentiality of information about patients. Patient records included information regarding sharing information with others. Staff were aware of patient preferences and abided by these.

## Involvement in care

### Involvement of patients

Staff used the admission process to inform and orient patients to the ward and to the service. There was a specific admission process in place which staff followed for all new admissions. Patients were supported by a staff member throughout the admission process.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Outstanding



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

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

Outstanding



Staff involved patients in care planning and risk assessments. Patients were involved in all aspects of their care, including invitations to meetings which related to their care and treatment, discussions about meeting outcomes and next steps. Care records showed clear evidence of patient involvement and input including how they preferred staff to deal with them when in crisis. All patients were offered a copy of their care plans and risk assessments and care records were documented to show if patients had accepted a copy.

Staff communicated with patients so that they understood their care and treatments, including finding effective ways to communicate with patients with communication difficulties. At the time of our inspection there were no patients with communication difficulties. Staff were able to show us methods they had available if patients needed them including, interpreters, signers and pictorial methods of communication. The service had a library of information which was available for patients in alternative languages and formats.

Staff involved patients when appropriate in decisions about the service. Patients were central to decisions about the service and were asked for their opinion on food, drinks and activities. Tasting sessions had been arranged to allow patients to choose their preferred coffee and meals were regularly reviewed with patient input. Some longer-term patients had been involved with the recruitment of staff for the service.

Staff enabled patients to give feedback on the service they received. Patient feedback was sought in various ways including community meeting, surveys and comment boxes. This allowed patients to raise issues which were important to them. All patients were asked to complete surveys on discharge and although the number of patients participating was low, feedback was positive.

Staff ensured that patients could access advocacy. Information relating to advocacy services was on display throughout the service. Posters contained information about how to contact the advocate and also details of when they would be attending the wards.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. Support was available to families and carers if needed. If patients had given their consent to family involvement, there were regular meetings they could

attend to gain information about their family member. Staff had tried to encourage family participation and had arranged meetings for carers however attendance at these was usually very poor. The service explained that patient's families were generally from outside the area and as such there were significant restrictions on travel.

Carers told us that staff were really invested in the care of the patients. Staff helped patients and carers to maintain their relationships and helped in ways that were not expected. For example, arrangements were made to collect a patient's family and take them to the hospital on Christmas morning so they could be there when the patient woke. This was very important to both the patient and the family.

Staff provided carers with information about how to access a carer's assessment if appropriate.

**Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)**

Good



## Access and discharge

### Bed management

Average bed occupancy over the last 12 months was;

- Dalton 87%
- Linden 82%
- Hazelwood 98%
- Oak 84%

There were no out-of-area placements attributed to this service over the last 12 months although, some patients were discharged to other areas this was because they had expressed a preference to living in that area or because they had lived there prior to their hospital admission.

There was always a bed available when patients returned from leave.

Patients were not moved between wards unless it was justified on clinical grounds. Patients in the service usually stayed on the same ward throughout their admission. When patients were moved or discharged, this happened

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

Outstanding



at an appropriate time of day. When patients had to be moved to a different hospital or ward this was carried out in a careful and planned way with support from staff. Transfers were only carried out at an appropriate time and when it was essential for the patient's health and wellbeing.

## Discharge and transfers of care

In the last 12 months, there were no delayed discharges from the service. Staff planned for patients' discharge, including good liaison with care managers or co-ordinators. Staff worked closely with external organisations to ensure that patients were appropriately supported throughout the discharge process and that their experience was positive.

The average length of stay for the wards in the service varied as follows;

- Dalton 444 days
- Linden 721 days
- Hazelwood 655 days
- Oak 612 days

This was within the expected length of stay for patients in this type of service.

Staff supported patients during referrals and transfers between services. For example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit. Patients who required care or treatment at another service were escorted during the journey and staff stayed with them if additional support was needed.

## The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms with en-suite facilities. Patients were encouraged to personalise their bedrooms. Bedrooms we saw were personal with pictures, writing and stickers on walls and patients had used them to express their feelings and personalities.

Patients had somewhere secure to store their possessions. Patients were able to lock their bedrooms and all patients had lockable storage within their bedrooms. This allowed them to keep their possessions safe when not in use.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. All wards within

the service had a clinic room, activity rooms, art room and sensory room. Patients were able to access rooms at all times although some had to be accompanied due to personal risk and observation level.

Each ward had a quiet lounge area which was also used for therapy sessions. A visitor's room was available outside the wards and was available for use. Some of the patients within the service had access to mobile telephones which could be used to make private calls. For patients who were not able to have access to mobile telephones, there was a public telephone available on wards which was positioned to allow private calls to be made.

All patients in the service had access to outside space. Wards had direct access to garden areas which patients were able to use for different activities. For example, sports and gardening.

The food was of a good quality and patients were able to make hot and cold drinks and snacks. There was a kitchen area available for patients on each ward. Patients were able to access the kitchen area at all times although due to personal risks some patients had to be accompanied when using the facilities.

## Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. Patients who were informal or had section 17 leave carried out work locally. Staff encouraged patients to apply for jobs with some of the local shops and services. Patients were also supported to participate in educational development and we were aware of patients completing literacy and numeracy classes as well as one patient who was completing a degree course through the Open University.

Staff supported patients to maintain contact with their families and carers. Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the service and the wider community. Staff were aware of how important personal relationships were to patients and encouraged and supported patients to maintain relationships which were appropriate and safe.

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

The service made adjustments for disabled patients. All areas of the service were accessible to patients with mobility difficulties. Staff supported patients who had

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

Outstanding



disabilities and if required specialist equipment was purchased to assist with their individual needs. This was evidenced during our inspection with the support provided to a patient who had a disability.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and other important information. Information posters were situated throughout the service and leaflets were available for a number of subjects. Information was available in different formats including large print, audio and various languages. Interpreters and signers were also available if patients required them.

Patients had a choice of food to meet dietary requirements. Patients were provided with meal choices and options in relation to dietary needs. This included special diets for people with diabetes, gluten and wheat free and religious and cultural needs. Patients we spoke with told us that meals were nice and varied and there was a good choice although sometimes the wrong meals were sent to the ward which caused difficulty.

Staff ensured that patients had access to appropriate spiritual support. The service had a dedicated multi-faith room which all patients were able to access. Staff were able to support patients to access spiritual support and religious guidance when required. Care records detailed patient's beliefs to that staff were aware of these.

## Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns. Patients were given information on how they could raise concerns or make a complaint when they were admitted to the service. Patients we spoke with were confident about making complaints and how they would do so.

When patients complained or raised concerns, they received feedback. The service received 10 complaints in the last 12 months. Each individual ward received the following number;

- Dalton – 1
- Linden – 4
- Hazelwood – 1
- Oak – 4

Of these, two complaints were upheld and one was partially upheld. Six of the complaints were not upheld and one is still being investigated.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Patients were able to submit complaints anonymously if they preferred to however staff told us that if patients made a complaint regarding one of their peers or a staff member on the ward, this would be kept confidential to ensure that there was no harassment or discrimination.

Staff were aware of the complaints procedure and all complaints received were dealt with in line with the relevant policy.

Staff received feedback on the outcome of investigation of complaints and acted on the findings. Feedback relating to complaints was passed on to staff during team meetings and via emails. Lessons learned were also feedback and where needed action points were developed for staff to act on.

## Are long stay/rehabilitation mental health wards for working-age adults well-led?

Outstanding



### Leadership

Leaders had the skills knowledge and experience to perform their roles. All managers within the service were capable of carrying out their roles well. Staff received leadership training and support.

Leaders had an excellent understanding of the services they managed and could explain clearly how the teams were working to provide high quality care. Managers were able to provide us with information relating to changes and improvements in the service and the potential impact. The close working throughout the service meant that managers were able to provide cover for colleagues when needed.

Leaders were visible in the service and approachable for patients and staff. All members of the senior management team visited the wards regularly. Patients and staff told us they felt senior managers were approachable. All those we spoke with were very positive about the Hospital Director and the role they had in the development of the service. We were told that they carried out a daily walk around visiting all areas of the service and speaking to patients and staff,

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

Outstanding



## Vision and strategy

The service values were;

- We put safety first
- We put the people we care for at the centre of everything we do
- We take pride in what we do and celebrate success
- We value our people
- Your voice matters.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Senior managers displayed the values of the service in their roles and displayed a 'lead by example' attitude to their work. Patients were encouraged to participate in events within the service and were regularly asked for their thoughts and opinions in various aspects of the service.

Staff were asked for their views on changes within the service and for ideas on how changes could be managed effectively.

## Culture

Staff felt respected, supported and valued. Staff we spoke with told us they were supported through all management levels. There were annual awards for staff who displayed the behaviour set out in the company values. Individuals and teams could be nominated to receive awards in recognition of their service or contribution to the people they cared for.

Staff felt positive and proud about working for the provider. Staff we spoke with told us they were proud of the work they did and they were happy to be able to help people and felt they made a difference in people's lives.

Staff were able to raise concerns about the service without fear of retribution. Staff were aware of the whistle-blowing process and the role of the Speak Up Guardian. Staff and managers told us they were not worried about making complaints as they felt they would be supported to do so.

Managers dealt with poor staff performance when needed. Poor performance was dealt with using corporate policies and procedures. Staff who were performing badly were supported to improve their performance prior to official action being taken.

Teams within the service worked well together and supported each other. Managers dealt with conflicts within teams in an appropriate and timely manner.

Staff appraisals were carried out regularly and included conversations about career development and how it could be supported. Staff were encouraged and supported to take part in additional training that could help to progress their careers.

The provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Advertised posts were open to all staff with the right level of knowledge and experience. The provider ring-fenced upcoming roles within the service to allow existing staff progression opportunities.

## Governance

There were systems and procedures in place to ensure that wards were clean and safe, there were enough trained and experienced staff on shift and that regular supervisions were carried out. Patients were treated well and assessments were completed in a timely manner, ensuring that patient's physical and mental health was appropriately managed. Staff had a good working knowledge of both the Mental Health Act and the Mental Capacity Act and knew where they could obtain further information and support if needed.

Incidents that occurred were reported in accordance with the requirements of CQC, local authority and other external services. Staff were given feedback on incidents and investigations and lessons learned were shared. Beds were well managed and discharges were planned to reduce the number of readmissions.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Agendas were in place for all meetings within the hospital and items were able to be added if the need arose. The director reviewed the minutes of all meetings to ensure relevant information was shared.

Plans were consistently implemented, and had a positive impact on quality and sustainability of services. Staff

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

Outstanding



participated in regular clinical audits. Audits were carried out to ensure continuous improvement and quality of the service provided. Action plans were formulated as a result of audits and staff acted on the results.

## Management of risk, issues and performance

Staff had access to the risk register and were able to escalate concerns for inclusion in the corporate risk register.

The provider had a business continuity plan in place which took into account unforeseen circumstances which could affect the running of the service.

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

## Information management

The service used systems to collect data from wards that were not over-burdensome for frontline staff. Information relating to things like outcome measures, supervision, appraisal, training and incidents was easily accessed by management due to the nature of the computer software the service had in place. Staff had access to the equipment and information technology needed to do their work. The infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Staff made notifications to external bodies as needed. Statutory notifications were submitted to the CQC as required and safeguarding concerns were submitted to the local safeguarding authority.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The provider's website gave information on important events that were happening in the service.

This included structural work and the ongoing building works. Staff were able to access information with the use of the company intranet and patients and carers were provided with information via the use of newsletters, posters and leaflets.

Patients and carers were given opportunities to provide feedback on the service via surveys, meetings and comments cards. Feedback was used to inform the service about changes that may be required. Patients and carers were involved in decision making about changes to the service. Patients told us about how they had taster sessions to select the coffee they wanted and also about the décor on the walls in the ward areas.

Patients and staff could meet with members of the provider's senior leadership team to give feedback. The hospital director spent time on the wards daily talking with staff, patients and carers. All feedback was reviewed and fed into quality processes.

## Learning, continuous improvement and innovation

Staff had opportunities to participate in research. Where possible staff were able to assist with and participate in research which related to their role or that of the service. This helped to ensure staff and patients were up to date with the most recent information and research.

Staff used quality improvement methods and knew how to apply them. The service identified a number of innovative practices to drive quality improvement. This included defensible documentation training which gave staff the knowledge and tools to write clear and concise care notes, using the most appropriate language in line with professional standards, completion of the reducing restrictive practice self-assessment tool and implementation of the local steering group.

The core service had no accreditation in place at the time of the inspection although the hospital as a whole was working toward Accreditation for Inpatient Mental Health Services (AIMS) accreditation.

# Outstanding practice and areas for improvement

## Outstanding practice

- The hospital director reviewed the minutes of all meetings held at the hospital including ward handovers, community meetings, ward team meetings and staff 'have you say' meetings. These were consistently used as a basis of information to share with external and internal stakeholders as well as other hospitals and services within the Priory Group. This ensured key information was used to maximum effect.
- Investigation of incidents and risks was identified and discussed in ward multidisciplinary meetings, which fed in to operational meetings on a daily basis. This ensured that all concerns were highlighted to a full range of specialisms within the hospital and allowed for changes to be implemented quickly and effectively. This meant key learning was shared and identified immediately.
- Staff made donations to ensure that patients had access to clothing and other essentials items on admission. This was particularly important on the acute ward due to the emergency nature of admission. This was exceptionally well received by the patients on 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.