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

The Priory Hospital Altrincham

Rappax Road, Hale, WA15 0NX
Tel: 01619040050

Date of Inspection: 20 September 2012
Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
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</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Priory Healthcare Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Managers</td>
<td>Mr. Paul Pritchard</td>
</tr>
</tbody>
</table>

#### Overview of the service
The Priory Hospital Altrincham is part of The Priory Group. It is located in Hale, Altrincham close to the motorway network, and it is set in extensive and well maintained grounds. The in-patient wards consist of Lower Garden Court for adults and a child and adolescent ward, The Rivendell Unit. All bedrooms provide single, en-suite accommodation. The hospital also provides treatment for patients who are detained under the Mental Health Act.

#### Type of services
- Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
- Residential substance misuse treatment and/or rehabilitation service

#### Regulated activities
- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 20 September 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

The Priory had consent policies and procedures in place which reflected current guidance on informal and formal consent. This enabled patients, their relatives or representatives, to give appropriate consent to care and treatment.

Care plans were comprehensive and demonstrated clear assessment of the needs of individual patients. On admission a 72 hour initial care plan was implemented to allow a full assessment of need to be carried out, once the patient had the opportunity to adjust and settle into the ward.

We found that care was provided in a clean, organised but relaxed environment. Risks assessments had been undertaken for all aspects of health and safety. Individual bedrooms and public areas had fixtures and fittings that been appropriately risk assessed for ligature points. Patients had access to large gardens and external designated smoking areas.

Patients told us: "I feel safe and secure here, the staff are really trying to help me", "Everything is explained, you don't have to feel stupid, they make sure that you know what is happening and why".

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

More information about the provider

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

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

**Consent to care and treatment**

- Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

The Priory had consent policies and procedures in place which reflected current guidance on informal and formal consent. This enabled patients, their relatives or representatives, to give appropriate consent to care and treatment.

We sampled a total of 8 patient records. We found that consent to treatment was effectively documented with copies given to patients at the initial consultation following admission to the hospital. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

When a patient was deemed not to have capacity to consent, consent was obtained under the relevant sections of the Mental Capacity Act (2005) or Mental Health Act (2007). This was agreed by the consultant, next of kin, advocates or representatives, following with discussion with the patient when possible.

All consent forms were scanned into the electronic patient records.

We spoke with 4 patients who each confirmed that they had given consent to their treatment and were happy with the process undertaken to obtain that consent. We were told: "I am happy with the way my treatment was explained", "I didn't sign my consent until everything was explained" and "I didn't feel pressured or rushed at all".
Care and welfare of people who use services  

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### Reasons for our judgement

We sampled a total of 8 patient case notes. These were maintained both in electronic and paper format. Entries were detailed and completed in a timely manner. All records were signed and dated.

Care plans were comprehensive and demonstrated clear assessment of the needs of individual patients. On admission a 72 hour initial care plan was implemented to allow a full assessment of need to be carried out, once the patient had the opportunity to adjust and settle into the ward.

Risk assessments were updated as required depending on the needs of the person. We found that records relating to patients detained under Section 5(2) of the Mental Health Act were correctly documented and stored securely in the ward safe to maintain confidentiality.

Systems were in place to ensure that Deprivation of Liberty Safeguards (DOL's) were appropriately implemented. These safeguards were introduced as part of the Mental Health Act 2007 to protect the interests of vulnerable groups of patients and to ensure these patients can be given the care they need, in the least restrictive manner.

We saw detailed mental capacity assessments were in place and updated as required. We saw evidence how staff implemented the ‘absent without leave’ policy to ensure the welfare of the vulnerable person.

An activity coordinator had been in post for 2 months. We saw that a range of activities had been introduced and a timetable of activities was displayed on a notice board in the sitting room of the wards. The coordinator felt that patient's diagnosis and treatments were fully explained in order to be able to offer an appropriate activity. We were told that she felt part of the multi disciplinary team.

There was a book available for the patients to make suggestions for alternative activities. We were told that the patients generally engaged well with the activity programme but that it was respected when patients did not want to participate.

On the child and adolescent eating disorder unit case notes, again, were well maintained. It was clear that consent to treatments had been obtained from next of kin or
representatives. A more formal daily routine was in place and patients continued in education during in patient episodes, either at external schools or at the education centre or group therapy sessions on site. Day to day treatments were comprehensively documented and monitored.

We found that care was provided in a clean, organised but relaxed environment. Risks assessments had been undertaken for all aspects of health and safety. Individual bedrooms and public areas had fixtures and fittings that been appropriately risk assessed for ligature points. Patients had access to large gardens and external designated smoking areas.

A weekly patient forum took place on the adult ward. Minutes were displayed in the sitting room dated back to June 2012. It was evident that the meetings were consistently well attended by patients and staff. Minutes read clearly demonstrated that comments and opinions made by patients were noted and staff allocated to complete actions whenever practical. Actions were reviewed and discussed at the following meeting.

We spoke with 6 patients who told us: "I am really happy with my treatment here. They (the staff) are great". "I feel safe and secure here, the staff are really trying to help me", "Everything is explained, you don't have to feel stupid, they make sure that you know what is happening and why", "It feels like nothing is too much trouble" and "I attend the patient forums, they do listen to what you have to say and do something about it".
Management of medicines  
Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The Priory had safe and effective systems in place for the management of medicines.

We found that medications were dispensed from a clean and secure medicines room. Patients identification was confirmed when they attended for their medications. All records were completed after dispensing and it was ensured that medication had been taken as prescribed. During the inspection we observed staff discussing the possible side effects of medication with patients.

Medicines were stored in accordance with national guidelines. There was a robust process in place for checking, monitoring and dispensing medicines.

During the inspection we found that up to date drug information was available for staff within a current British National Formulary. This guidance assisted staff to ensure correct prescribing and administration was undertaken.

Stock levels of medicines were accurately maintained and audited on a bi-weekly basis by a pharmacist. Any errors or amendments were identified for correction by the pharmacist and these were signed by the staff member once completed.

We found controlled drug were stored securely and checks were carried out and recorded in accordance with national guidelines. Any discrepancies were effectively investigated. The hospital has an appointed accountable officer for controlled drugs as required under the Controlled Drugs (Supervision of Management and Use) Regulations 2006.

We found that staff had undergone medication administration training and refresher updates were available.

We observed that drugs to take home were not dispensed for the patient until they were leaving the hospital and the patient was required to sign for them.

Incidents, errors and adverse events were recorded and investigated in line with local protocols and actions discussed at staff meetings.

There was a process in place for dealing with patients who refused their medication and we saw how the service used a variable medication sheet to record prescribed ‘as
required' (PRN) medications, such as analgesics for pain, alongside recording on medicine administration records.

Patients told us that they had their medication on time and that they were able to ask for additional medication such as "pain killers" when they needed them.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found robust systems in place to monitor the quality of the service provided.

A medical advisory committee was well established and meetings were held every two months. Minutes examined verified that areas such as governance, infection control, untoward incidents and the practices of medical staff were effectively managed.

Clinical governance meetings were in place and the governance framework followed the Care Quality Commission essential standards for quality and safety to ensure appropriate monitoring of all aspects of care, treatment and service provision.

Incidents and accidents were recorded and investigated as required. Details of these were reported at the medical advisory committee and the clinical governance meetings. Feedback was disseminated to staff in wards and departments via regular staff meetings. In addition to staff meetings separate weekly meetings were held by the clinical service manager for nursing staff and healthcare assistants.

Supervision and appraisals of staff was undertaken. External supervision was also available for staff if preferred. It was clear that poor performance was managed appropriately and monitored. Staff surveys were also used to gain comments from staff.

We spoke with 6 staff. They said that they felt well supported by their line managers and felt that they were valued as part of the multi disciplinary team. We were told: "I do feel that we have plenty of opportunity to speak with line managers and senior managers", "I have worked here for 5 years, I feel that I am supported and feel secure when working on the unit", "We have plenty of training and the opportunity via meetings to give our opinion and comments" and "I have never felt that my opinion did not count, I work closely with these patients and our in put is important and valued".

Suggestions and satisfaction feedback were actively sought from patients and relatives about the care, treatment and environment.

We noted that any incident of restraint used by staff was recorded and investigated as a clinical incident. Detailed records were maintained and all incidents were reported to the therapeutic management of violence and aggression trainer.
We spoke to people using the services but their feedback did not relate to this standard.
Complaints

People should have their complaints listened to and acted on properly

Met this standard

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that the hospital had an effective system to manage complaints. People were given support by the provider to make a comment or complaint where they needed assistance.

We observed that complaints were recorded and investigated within required time scales. Acknowledgement and response letters were sent to the complainant, patients (if they did not make the complaint) and to the patients advocate or representative.

Complaints investigations were logged electronically and monitored by the complaints manager. Complaints reports were discussed at the medical advisory committee and the clinical governance group.

Time scaled action plans were implemented and actions required or undertaken were discussed with staff at supervision or appraisal sessions.

We saw that information was readily available within the wards and public areas on how to make a complaint. We saw that the information gave the details of the independent advisory service, advocate services and the Care Quality Commission.

When we spoke with patients, although they said they had no complaints at that time, each felt that they would be able to make a complaint if they had any concerns.
About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

You can tell us about your experience of this provider on our website.
How we define our judgements

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

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

| Met this standard | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| Action needed     | This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. |
| Enforcement action taken | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

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

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<th>Essential Standard</th>
<th>Regulation</th>
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<td>Respecting and involving people who use services - Outcome 1</td>
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<tr>
<td>Consent to care and treatment - Outcome 2</td>
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<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
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<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
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<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
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<tr>
<td>Safety and suitability of premises - Outcome 10</td>
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</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
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<td>Requirements relating to workers - Outcome 12</td>
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<td>Staffing - Outcome 13</td>
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<td>Supporting Staff - Outcome 14</td>
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<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<td>Complaints - Outcome 17</td>
<td>19</td>
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<tr>
<td>Records - Outcome 21</td>
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</tbody>
</table>

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

<table>
<thead>
<tr>
<th><strong>(Registered) Provider</strong></th>
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<tbody>
<tr>
<td>There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.</td>
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<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
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<tbody>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
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<thead>
<tr>
<th><strong>Responsive inspection</strong></th>
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<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<thead>
<tr>
<th><strong>Routine inspection</strong></th>
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<tbody>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<table>
<thead>
<tr>
<th><strong>Themed inspection</strong></th>
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<tbody>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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</table>