

# Review of compliance

<p>Priory Healthcare Limited The Priory Hospital North London</p>	
<p><b>Region:</b></p>	<p>London</p>
<p><b>Location address:</b></p>	<p>Grovelands House The Bourne, Southgate London N14 6RA</p>
<p><b>Type of service:</b></p>	<p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Residential substance misuse treatment and/or rehabilitation service</p>
<p><b>Date of Publication:</b></p>	<p>August 2011</p>
<p><b>Overview of the service:</b></p>	<p>The hospital provides care and treatment to adults and adolescents with mental health problems. It also provides a service to people with addictions. People who use services are either privately funded or funded by the NHS. The hospital is situated in extensive</p>

	<p>grounds in north London and is within walking distance of public transport. There is a registered manager in place.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Priory Hospital North London was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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

## Why we carried out this review

We carried out this review to check whether The Priory Hospital North London had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services  
Outcome 02 - Consent to care and treatment  
Outcome 04 - Care and welfare of people who use services  
Outcome 06 - Cooperating with other providers  
Outcome 07 - Safeguarding people who use services from abuse  
Outcome 09 - Management of medicines  
Outcome 13 - Staffing  
Outcome 14 - Supporting staff  
Outcome 16 - Assessing and monitoring the quality of service provision  
Outcome 21 - Records

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 July 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

## What people told us

Patients told us that they were happy with the care they received at the hospital. Group and individual therapy was provided on a regular basis. Staff were described as 'sincere, kind-hearted and genuine'. Young people on the adolescent unit took part in regular activities and school work and were enabled to keep in contact with their families. Plans of care and treatment were individualised and patients were agreed their weekly programme of activity with staff. Treatment, including medication, was explained in ways that could be easily understood by patients. Patients felt that staff had time for them. One comment we received typified this: 'staff always want to know how you are doing; they stop and ask you how you are feeling'.

## What we found about the standards we reviewed and how well The

## **Priory Hospital North London was meeting them**

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

Patients were treated with dignity and respect by staff and understood the care and treatment provided to them. Patients were given information which enabled them to make decisions in relation to their care and treatment. Care was patient centred and generally patients' needs were met.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Discussions in relation to consent to treatment were not always recorded in detained patients' health records. However, generally care and treatment were explained to people in a way in which they understood and suitable arrangements were in place for obtaining valid consent.

Overall, we found that The Priory Hospital North London was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Patients were positive about the quality of care and treatment they received. Patients generally received care and treatment that met their needs and minimised risks to their safety.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

### **Outcome 06: People should get safe and coordinated care when they move between different services**

Discharges were planned and communicated effectively. This ensured continuity of patient care after discharge and on transfer to another service.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

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

Staff understood how to recognise and respond to concerns in relation to safeguarding vulnerable adults and children. Patients felt safe and were protected from abuse or the risk of abuse.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Patients knew what medication they had been prescribed and for what reason. Patients were protected from the risks related to the unsafe use and management of medicines. Overall, we found that The Priory Hospital North London was meeting this essential standard.

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

Generally, there were sufficient numbers of suitably qualified staff on duty to ensure patients' safety and meet their needs.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff were supported to perform their role effectively and had undertaken training in areas relevant to their professional role and development. Patients' needs were met by competent staff.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The quality of service provided to patients was monitored regularly. There was evidence of learning and changes in practice in response to suggestions and feedback from patients and relatives. Risks to patient safety were managed effectively.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Health care records were stored securely. Although there were some gaps in recording, generally, records were accurate and contained detailed information relevant to patients' care and treatment.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external

appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

#### What people who use the service experienced and told us

We visited the adult and adolescent wards at the hospital. Patients we spoke to told us that they were treated with respect and consideration by staff. All had an allocated key worker and an individual weekly plan of activities and therapy. Patients were involved in drawing up their plan of care. Everyone told us that their treatment had been explained to them. One young person told us they had had difficulty initially, understanding why they were in hospital, but over time they had come to see how it was helping them. Another patient told us they had received detailed information on their 12 week treatment programme.

A young person on the adolescent ward told us that Care Programme Approach meetings took place monthly and care, treatment and progress were discussed. They were able to speak to the consultant in these meetings.

Results of recent patient satisfaction surveys showed that 97% of patients considered that they were treated with dignity and respect by staff. Slightly less agreed that their diagnosis had been discussed with them. A similar number said they had been involved in their care as much as they had wanted to be.

#### Other evidence

A patient forum met every week on the adult ward. This enabled patients to give feedback to staff and contribute to the way the ward was organised and run.

We reviewed a number of patient records and saw that had individual care and treatment plans in place. On the adolescent ward young people were fully involved in the completion of their care plans and staff ensured that they understood their care and treatment programme. Care plans were reviewed weekly by staff and young people.

We observed that Individual preferences and religious needs were taken into account, for example in relation to meal choices.

**Our judgement**

Patients were treated with dignity and respect by staff and understood the care and treatment provided to them. Patients were given information which enabled them to make decisions in relation to their care and treatment. Care was patient centred and generally patients' needs were met.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

Patients told us that care and treatment was explained to them and they were asked for their consent.

Results of patient satisfaction surveys showed that 95% of young people admitted to the adolescent ward were satisfied with the confidentiality of the service and the respect shown for their rights.

##### Other evidence

Patients were encouraged to attend their agreed treatment programme but were not forced to do so. However, staff explained that if patients did not wish to participate or engage in the treatment offered then the reason for their stay in the hospital would be reviewed.

Staff told us that the rules for patients in the addictions programme were 'more strict'. Patients in this programme remained in hospital for 28 days before continuing treatment as out-patients. Patients agreed to restrictions being placed upon their phone calls and going out of the hospital.

On the Adolescent Ward written consent to treatment was taken from parents or guardians of young people under 16 years of age. The young people were also

involved in decisions in relation to their care and treatment and were encouraged to sign consent forms as well.

The Mental Health Act Commissioner had visited the hospital the previous week and reviewed the records of patients detained under the Mental Health Act 1983. The Commissioner's report noted improvements since the last Commission visit in particular the inclusion of a capacity assessment form on the patient files. However, it was also noted that there remained difficulties in relation to the recording of consent. Specifically there was little evidence of discussion with detained patients about consent to treatment at the first administration of medication following detention or at three months after detention. On the day of our visit one person was detained in hospital under the Mental Health Act 1983. The registered manager told us that issues raised during the Mental Health Act Commissioner's visit during the previous week had been addressed with consultants and would be followed up to ensure improvements were made.

### **Our judgement**

Discussions in relation to consent to treatment were not always recorded in detained patients' health records. However, generally care and treatment were explained to people in a way in which they understood and suitable arrangements were in place for obtaining valid consent.

Overall, we found that The Priory Hospital North London was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

Patients we spoke to on both the adult and adolescent wards told us that they took part in group and individual therapy. They explained that they had individual therapy several times a week. For some it was part of a structured time-limited treatment programme tailored to meet their particular needs. One patient told us that although his treatment was scheduled to last for 12 weeks there was a possibility that it would be extended for two more weeks, which he considered helpful.

One young person told us they had one-to-one sessions with an individual therapist every week and said the hospital had 'done a good job' in helping them with their problems. Young people were encouraged to continue with their school work and a young person told us how the unit teacher had contacted their school to obtain work for them to continue with. The young person told us they tried to take part in educational activities as much as possible although sometimes poor concentration prevented this. Young people were able to maintain contact with their families by telephone, through visits to the ward and weekend visits home. We saw a number of games and activities provided for young people on the adolescent ward.

Staff were described as 'sincere, kind-hearted and genuine'. One patient told us they had 'good rapport' with their consultant. Another said that they could knock on the consultant's door when they wanted to speak to them. We were told that staff 'give you a lift...they do care'.

Results of recent patient satisfaction surveys showed that almost all patients were

satisfied with the care they received during their stay in hospital. The majority described it as 'very good' or 'excellent'. Almost 70% of young people said that their stay on the adolescent ward had helped them deal with their problems. Almost all young people said that staff had listened to them and understood their problems. The majority also reported that they were satisfied with the kinds of services offered to them and agreed that their knowledge and understanding of their problems had improved.

### **Other evidence**

Patients were involved in drawing up their plan of care. Staff on the adult ward told us that most patients signed their care plans to agree to treatment. Those admitted to the addictions programme were not always able to do so during the first few days of their admission. Treatment was discussed in more detail when their physical health had improved.

Health care records showed that patients' care and treatment were reviewed regularly and changes made in response to feedback from patients.

Risk assessments were carried out including risk of suicide. Patients were placed on different levels of observation according to their needs. The level of observation patients required was reviewed on a regular basis. Decisions to lower the level of observations involved all members of the multi disciplinary team. Staff were aware of the signs of suicidal risk and behaviours that would trigger an increased observation level. One to one care for patients considered to be actively suicidal was automatically put in place.

### **Our judgement**

Patients were positive about the quality of care and treatment they received. Patients generally received care and treatment that met their needs and minimised risks to their safety.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 06: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

#### Our findings

##### What people who use the service experienced and told us

Patients we spoke to were clear about their likely length of stay at the hospital.

Results of recent patient satisfaction surveys showed that about two thirds of patients were offered a copy of their discharge care plan. A similar number had been given information about how to get help in a crisis before they left the hospital. All of the young people who had been on the adolescent ward and completed the survey said they were happy with the length of time before the first follow up appointment was arranged.

##### Other evidence

Staff on the adolescent ward reported that representatives from Child and Adolescent Mental Health Services almost always attended the Care Programme Approach (CPA) meetings for young people. This enabled joint planning of future care for the young people following discharge from the unit. Staff told us that discharge planning began as soon as a young person was admitted to the ward. Regular CPA meetings helped ensure that discharges were smooth and care was transferred effectively to community teams. Discharge summaries were sent to community teams promptly. Risk assessments took place before patients were discharged.

Managers met with commissioners of services, sometimes on a quarterly basis. Contracts with commissioners required regular reporting on delayed discharges, serious incident investigations and safeguarding.

**Our judgement**

Discharges were planned and communicated effectively. This ensured continuity of patient care after discharge and on transfer to another service.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

Results of recent patient satisfaction surveys showed that all patients responding to the survey felt safe in the hospital. Patients we spoke to during our visit confirmed that they also felt safe and trusted the staff.

##### Other evidence

The hospital had reported safeguarding incidents appropriately. All safeguarding issues were reviewed with commissioners of services.

Staff told us they had undergone training in safeguarding vulnerable adults. They were aware of signs of possible abuse and described situations where safeguarding alerts had been made following the disclosure of abuse by patients. They had also received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Most staff on the adolescent ward had undertaken training in safeguarding children although one support worker told us they had not.

##### Our judgement

Staff understood how to recognise and respond to concerns in relation to safeguarding vulnerable adults and children. Patients felt safe and were protected from abuse or the risk of abuse.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

Patients knew what medication they had been prescribed and the reasons why. One patient told us that the possible side-effects of the medication had been explained to him and he had an opportunity to discuss it with his consultant.

Results of recent patient satisfaction surveys showed that three quarters of patients at the hospital reported that medication and side effects were explained to them in a way they could understand.

##### Other evidence

Most of the medication records we reviewed showed that the administration of medication had been accurately recorded. However, one record had gaps and it was therefore unclear whether medication had been given to the patient or not. A nurse informed us it had not been given for particular reasons although no record of this had been made on the medication chart.

Medicines were stored safely and securely. The controlled drug cupboard complied with the relevant regulations. We saw evidence that showed pharmacists had visited the hospital 12 times between April and June 2011 and carried out audits of prescription charts, controlled drugs, stocks and storage, expiry date checks and disposal of all unwanted medication. Where the pharmacist identified issues these were highlighted and reported to the senior management of the hospital. Staff told us that improvements were made in medicines management in response to feedback from the pharmacist.

The pharmacist was available to see individual patients to explain their medication and address any concerns they had. The visiting times of the pharmacist were displayed on the wall of the adult ward for patients to see.

**Our judgement**

Patients knew what medication they had been prescribed and for what reason. Patients were protected from the risks related to the unsafe use and management of medicines. Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Patients we spoke to considered there were enough staff to care for them. One patient told us 'staff always want to know how you are doing; they stop and ask you how you are feeling'. He went on to say that the staff took time to 'sit down ask how you are' rather than asking in passing.

Young people on the adolescent ward told us that staff were available to talk to and to go for walks in the grounds or on organised weekly outings.

##### Other evidence

Regular needs analysis took place in relation to ward staffing requirements to ensure that adequate numbers of staff were on duty to meet patients' needs and manage risks. Ward managers met daily to review staffing levels on the wards for the next 24 hours or over the weekend.

Several staff told us that staffing levels had improved greatly since last year and they were 'generally getting better'. Staff also told us that if more staff were needed because patients' needs changed they were provided. This was done by moving staff from one ward to another or by using 'bank' staff. One adolescent ward staff member told us, however, that the pool of 'bank' staff available was very small and adult ward staff were not always experienced in caring for young people. Staff on the adolescent ward in particular described their work as very challenging at times. More staff had been recruited to the adolescent ward and were waiting for checks to be completed before starting work. Staff said that the past two weeks had been very quiet and settled and on

the day of our visit the observed that the ward was very calm and there were five staff on duty caring for nine young people.

Staff sickness levels had improved and there had been a decrease in staff turnover compared with last year. The registered manager told us they were still actively recruiting staff to the adolescent ward.

There had been a considerable decrease in the number of incidents occurring on the adolescent ward compared with our last visit in October 2010 when the number of incidents had been very high. The registered manager considered that the number of incidents was now much nearer an 'expected' level.

Nursing and support staff on the adolescent ward told us they did not always feel listened to by members of the multi-disciplinary team. This was particularly in relation to decisions to admit and discharge young people and whether the ward was equipped to care for particular individuals effectively. The lack of involvement these staff felt in relation to decision-making contributed to a feeling of disempowerment and perceived lack of support in dealing with the challenges some young people presented. The Clinical Director agreed with this analysis and said that efforts were now being put into multi-disciplinary team building and introducing protected time for reflective sessions where all staff could discuss the kinds of issues that had been raised.

#### **Our judgement**

Generally, there were sufficient numbers of suitably qualified staff on duty to ensure patients' safety and meet their needs.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

Patients told us that they thought staff were good at their job and genuinely cared about the patients they worked with.

##### Other evidence

Staff told us that support was available for them and they were usually offered a debrief following serious incidents. One staff member described how, following the unexpected death of a patient, the registered manager had called a meeting of staff to discuss what had happened and staff were offered time off if they needed it. The registered manager was described as very supportive and staff said he was always available to them. Another staff member on the adolescent ward however, felt opportunities for a debrief following incidents were not always provided.

Staff described managers as supportive. They told us that the overall management of the hospital had improved a great deal since the appointment of a new senior management team last year.

All staff had undertaken training in areas pertinent to their role. There were a number of mandatory training sessions which staff had undertaken. Staff received reminders when update training was required. Many staff had undertaken training in managing challenging behaviour. Four members of staff were undertaking specialist training in child and adolescent mental health and there were plans for more staff to participate in future. Some of the electronic learning available to staff was described by them as 'very good'.

All the staff we spoke to told us they had received an annual appraisal. The registered manager confirmed that 90% of staff had now received an annual performance appraisal and this was monitored at clinical governance meetings. New systems had been put in place to ensure that staff received regular clinical supervision. Staff had access to an external clinical supervisor. Individual supervision took place on a monthly basis.

Staff told us they felt able to raise issues in relation to patient safety and care with their managers and were usually confident that something would be done about it.

Rotation of ward staff from night shifts to day shifts had begun in an attempt to address any shortfalls in staff skills.

**Our judgement**

Staff were supported to perform their role effectively and had undertaken training in areas relevant to their professional role and development. Patients' needs were met by competent staff.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to patients about this outcome area.

##### Other evidence

The quality of services provided to patients was assessed and monitored in a variety of ways. For example, satisfaction surveys were completed by patients on discharge. The young people on the adolescent ward were provided with a different set of questions appropriate to their age and the care provided to them. Action plans were put in place in response to issues identified through patient feedback.

Regular audits had been carried out covering a range of areas such as medicines management, care planning and clinical documentation. These showed that the quality of service provision was assessed and monitored and where issues were identified improvements were made.

The registered manager had conducted unannounced visits at night to the hospital to check that observations of patients were taking place and being recorded contemporaneously. He also told us that staff were being encouraged to come forward if they had any concerns about the care and treatment provided to patients and he operated an 'open door' policy.

There was evidence of learning from incidents and risks in relation to the care of patients. Risks were identified and managed effectively. Investigations conducted by the organisation's quality and risk team had been carried out following recent serious

incidents. Where improvements had been identified these had been implemented. The registered manager gave us examples of changes in practice and learning that had taken place. For example, liaison with the local underground rail station had been set up so that early contact could be made if a patient went missing from the hospital and there were concerns for their safety.

**Our judgement**

The quality of service provided to patients was monitored regularly. There was evidence of learning and changes in practice in response to suggestions and feedback from patients and relatives. Risks to patient safety were managed effectively.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to patients about this outcome area.

##### Other evidence

Audits of care plans and of clinical documentation had been carried out. Examples of audit reports provided to us showed that documentation was generally completed, accurate and kept up to date. We saw that records were stored securely.

We reviewed a number of care records and saw that individualised plans of care were in place for adult patients and young people. These were regularly reviewed and updated. A review of medication charts showed that these were usually accurately completed but there were gaps in one record (see outcome 9 for detail). The Mental Health Act Commissioner, during his visit to the hospital the previous week, had noted discussions with detained patients in relation to consent were not always recorded (addressed under outcome 2).

The hospital was in the process of changing the way health care records were held. All records were now being completed electronically. Staff had been given training in how to record information electronically although some reported to us that they were having difficulty getting used to the process and system. The registered manager told us that the electronic system would allow greater scrutiny and monitoring of record keeping.

**Our judgement**

Health care records were stored securely. Although there were some gaps in recording, generally, records were accurate and contained detailed information relevant to patients' care and treatment.

Overall, we found that The Priory Hospital North London was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p><b>Why we have concerns:</b></p> <p>Discussions in relation to consent to treatment were not always recorded in detained patients' health records. However, generally care and treatment were explained to people in a way in which they understood and suitable arrangements were in place for obtaining valid consent.</p> <p>Overall, we found that The Priory Hospital North London was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p><b>Why we have concerns:</b></p> <p>Discussions in relation to consent to treatment were not always recorded in detained patients' health records. However, generally care and treatment were explained to people in a way in which they understood and suitable arrangements were in place for obtaining valid consent.</p> <p>Overall, we found that The Priory Hospital North London was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

## Information for the reader

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