

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

## The Priory Hospital North London

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London, N14 6RA

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Priory Healthcare Limited
Registered Manager	Mr. Roger Skipp
Overview of the service	The Priory Hospital North London provides care and treatment to adults and adolescents with mental health needs. A service is also provided to people with substance misuse problems. People who use services are either privately funded or funded by the NHS. There is a registered manager in place.
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

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Staffing	8
Supporting workers	9
Records	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether The Priory Hospital North London had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Staffing
- Supporting workers
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about The Priory Hospital North London, looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

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### What people told us and what we found

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We carried out this unannounced inspection to check if the provider had made improvements on the adolescent unit following an inspection of the service in May 2012. There were 13 young people admitted to the unit on the day of our visit.

During this inspection we observed that the young people on the unit were provided with education, individual and group therapy and recreational activities throughout the day and evenings. These mostly took place as planned. However, one young person told us, "weekends are long and boring; those are the two days I hate."

Staff received appropriate training and support to enable them to deliver the care to the young people that they needed. Most staff we spoke with demonstrated a detailed understanding of the individual needs of the young people they supported. There were sufficient numbers of staff available to care for the young people on the unit.

A detained patient we spoke with understood their legal status and rights under the Mental Health Act 1983 and records pertaining to their detention were located promptly and were accurate.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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.

Before young people received any care or treatment they were asked for their consent. The provider acted in accordance with the legislation in relation to patient consent to care and treatment.

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### Reasons for our judgement

Following an inspection of the hospital in 2011 the provider had been asked to make improvements in the recording of patient consent to care and treatment.

The Medical Director told us that restrictions placed on young people, and their impact on liberty, were kept under constant review. We saw from patient records that the views and wishes of young people in respect of care and treatment were sought. The legal position in respect of young people under 16 years of age and those aged 16 and 17 were clearly understood by the Medical Director. Parental consent provided authority for the care and treatment of under 16s, whereas patient consent was sought for those who were older.

A detained patient we spoke with understood their legal status and rights under the Mental Health Act 1983. They were also aware of the medication they were being given and understood its effects.

However, the provider may wish to note that not all staff had full understanding of the legal position relating to the mental competence of those young people aged under 16 and capacity of those aged 16 and over. For example, in the case of a 17 year old detained patient, we found documentation completed with a parent to obtain parental consent where there was no need to rely on this authority. The young person was already detained under Section 3 of the Mental Health Act 1983. They were also aged over 16 and if not detained in hospital would be legally able to give consent to treatment. Similarly we found forms documenting issues of capacity for a young person of 15 years of age where the correct legal concept is 'competence' as the Mental Capacity Act 2005 only relates to those 16 and over.

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

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**Our judgement**

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The provider was meeting this standard.

Young people experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We carried out this unannounced inspection to check if the provider had made improvements following an inspection of the service in May 2012. At the inspection in May 2012 we found that there was often little for young people to do in the evenings and at weekends by way of activities. Staff reported not having time to read care plans. Consequently they were not always aware of the young people's current needs.

During this inspection we observed that the young people were provided with education, individual and group therapy and recreational activities throughout the day and evenings. A dedicated member of staff was assigned to organise and implement the activities programme during each weekday afternoon and evening. We saw a detailed timetable of activities was in place and activities took place as scheduled during our visit. We observed several young people taking part in education and groups during the morning and afternoon. The minutes of the weekly unit community meeting showed that a range of activities had taken place in previous weeks including table tennis and quizzes.

However, the provider may wish to note that a young person we spoke with told us there was little scheduled activity at the weekend for those young people who did not go on leave or have visitors. They told us, "weekends are long and boring; those are the two days I hate."

Young people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed the care records of the five young people and saw that care plans were in place and regularly reviewed. Minutes of the weekly community meetings showed that young people were encouraged to communicate their needs to staff and they were praised for doing so. Most staff we spoke with demonstrated a detailed understanding of the individual needs of the people they supported. We saw that written handover sheets had been introduced that helped ensure that all necessary information was handed over from one shift to the next. These reinforced the verbal handover and helped ensure that staff were fully aware of the needs of the young people they cared for.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patient's needs.

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### Reasons for our judgement

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We carried out this unannounced inspection to check whether the provider had made improvements following an inspection of the service in May 2012. At the inspection in May 2012 we found that the provider had not taken appropriate steps to ensure that, at all times, there were sufficient skilled and experienced staff on duty to care for the young people safely.

During this inspection we found that the provider had employed several new permanent qualified nurses. The use of agency nurses had been greatly reduced and staff told us they were now only occasionally used. When not enough staff were available to meet the needs of the young people regular 'bank' staff were used who knew the young people. All three staff members we spoke with told us that the numbers of staff on the unit had increased and were sufficient. This helped ensure that the young people could take part in activities and spend time with staff when they wished to. Only one patient required one-to-one observation on the day of our visit which meant there were several other staff available to meet the needs of the other twelve young people on the unit.

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

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## **Our judgement**

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The provider was meeting this standard.

Young people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We carried out this unannounced inspection to check whether the provider had made improvements following an inspection of the service in May 2012. At the inspection in May 2012 we found that not all staff were receiving regular supervision or adequate support to care for the young people and the majority of nurses on the unit had not completed recent child protection training. Agency staff did not always receive an adequate induction to the ward before being assigned patients.

During this inspection of the hospital we found that a new induction checklist had been introduced to ensure that 'agency' staff underwent a short induction before commencing work. This covered important information they would need to know in order to care for the young people safely and meet their needs effectively. The manager told us that the use of agency staff had reduced considerably since our last visit. This was partly due to a reduction of numbers of young people on the unit but also reflected the recruitment of new staff.

We spoke with three adolescent unit staff during our visit. They all told us that they received regular individual supervision and attended group supervision sessions which were provided weekly on the ward, when possible. Staff told us they had undergone training in a number of topics pertinent to their role. The provider's records confirmed that most staff were up-to-date with the required training. For example, 100% of staff on the unit had completed recent child protection and safeguarding training. As a result staff received appropriate professional development and support to enable them to provide appropriate care and treatment to patients.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

Young people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We carried out this unannounced inspection to check whether the provider had made improvements following an inspection of the service in May 2012. At the inspection in May 2012 we found that the records of a young person detained under the Mental Health Act 1983 were inaccurate and proof of their lawful detention in the hospital could not be located promptly.

On this inspection we were provided with the records of a young person detained in hospital under the Mental Health Act 1983. The records contained all necessary documentation to show that the young person was legally detained in the hospital.

## 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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **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.

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**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.

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**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.

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**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

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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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### 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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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