We were inspected by the Care Quality Commission (CQC) in February 2017

The CQC said that:

- We must make improvements to the way that we assess ligature risks across the hospital.
- Staff must be effectively made aware of outcomes and lessons learnt from incidents, complaints, and audits, to ensure that quality improvements can be made.
- We must ensure that staff are robust in recording restraint.
- We must ensure that clear systems are in place for the monitoring of physical healthcare after rapid tranquilisation is given.
- Staff must correctly record information on nasogastric feeding forms.
- Staff must be provided with regular management supervision, which must be recorded by managers, and regular team meetings must be held to ensure effective team working.
- The movement of stock medicines onto or from wards must be recorded so that there is an audit trail for medicines in the hospital.
- There must be a relevant activity programme for patients on the Keston Unit, during the week, weekends, and evenings.

Based on this feedback, we have:

- Sourced training for key staff to ensure that ligature risk assessments are completed accurately going forward.
- Completed 2 ligature and blind spot audits of the entire hospital and we are working through a ligature reduction plan to ensure that the improvements that were identified are made.
- An audit plan in place to reassess ligature risks every 6 months.
- Introduced a monthly learning and outcomes group meeting for key staff to share incident outcomes.
- Established a monthly audit review meeting for key staff to effectively monitor quality improvement.
- Made all current improvement action plans and progress notes accessible to all staff in one place, via our Master Action Plan.
- Introduced a rapid tranquilisation tracker which is monitored on a daily basis by the senior management team and is fed back to the hospital’s governance team on a monthly basis.
- Educated ward staff as to the importance of recording this information, and introduced regular audits of the nasogastric feeding forms.
- A full schedule of monthly team meetings in place for all departments. Minutes of these are shared with the relevant staff teams.
- A robust system in place to ensure that managers are completing 1:1 supervision with their staff on a monthly basis and that this is being recorded effectively.
- Introduced a monthly audit of hospital pharmacy forms to ensure that this is happening, and a review of these has been added to our monthly Quality Walk Rounds.
- Recruited an activities coordinator to cover evenings and weekends at the hospital, and ensure that all patients have a current activities programme in place. We continue to develop our Occupational Therapy Programme in response to feedback/requests from patients and their families.
- Put a workforce race quality standard action plan in place, which is being led by Priory Healthcare’s clinical performance director.
- Working with hospitals across Priory Healthcare to introduce an accredited training programme for staff who care for patients who are admitted for substance abuse and medically-assisted withdrawal detoxification.
- Complete weekly audits of the temperature monitoring of the medicine fridges, and these are reviewed on a weekly basis.
- Introduced a process to ensure that clear discharge plans are developed for all inpatients from admission, and these are audited on a monthly basis.
- The senior management team now monitor staffing levels of all wards on a daily basis.
- Ensured that our paper and electronic record-keeping on the Keston Unit, is methodical on the Keston Unit.
- Obtained specialist training on eating disorders for staff on the Keston Unit and this will continue to be delivered to new staff as and when this is required.
- Developing plans to reconfigure the layout of the Keston Unit and have put an interim solution in place to address the lack of kitchen facilities.

We have also completed the following: