

Independent Mental Health Service Inspection (Unannounced)

Aderyn

Elysium Healthcare

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Aderyn on the evening of 8 May 2018 and following days of 9 and 10 May.

Our team, for the inspection comprised of one HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. There was a focus on least restrictive care to aid recovery and support for patients to maintain and develop skills..

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- The environment of care was appropriate for the patient group
- Focused on least restrictive care to aid recovery
- Activities within the hospital and community supported patients to maintain and develop skills
- Established governance arrangements that provided safe and clinically effective care.
- Record keeping that complied with relevant legislation and guidance.

This is what we recommend the service could improve:

- Infection control arrangements
- Mandatory training in some essential skills
- Recording any unmet patient needs within Care and Treatment Plans

We identified regulatory breaches during this inspection regarding upkeep of infection, prevention and control arrangements. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Aderyn is registered to provide an independent mental health service at Penperlleni, Monmouthshire NP4 0AH.

The service has 16 bedrooms in the main building and two bedrooms in the cottage. It is a male only unit and at the time of inspection, there were 16 patients.

The service was first registered on 20 October 2006.

The service employs a staff team which includes a Hospital Director, a ward manager and two deputy ward managers, along with a team of registered nurses and healthcare workers. There are also multi-disciplinary team members which include consultant forensic psychiatrist, psychologist, occupational therapist, social worker and education officer.

The hospital employs a team of catering and domestic staff along with a maintenance person. The operation of the hospital is supported by administration staff.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed, and patients we spoke with confirmed, that staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

There were a range of suitable activities and therapies available at Aderyn and within the community to aid patients' rehabilitation.

There was a range of information available and displayed for patients however the register provider must ensure that this is displayed in a range of formats.

Health promotion, protection and improvement

Aderyn had a range of facilities to support the provision of therapies and activities. There were two designated hospital vehicles; one minibus and one large car. These assisted staff to facilitate patient activities and medical appointments in the community.

Patients' records evidenced that patients were supported to be independent which was embedded through a positive risk taking philosophy of care. Patients were engaged and supported in undertaking Activities of Daily Living¹ that promoted recovery and rehabilitation, such as preparing meals and other domestic activities.

The main building of Aderyn had an occupational therapy kitchen which patients could access to prepare meals and a laundry room with a washing

¹ These activities can include everyday tasks such as dressing, self-feeding, bathing, laundry, and meal preparation.

machine and tumble drier so that patients could learn and maintain their skills. We observed the laundry room to be orderly throughout the inspection, an improvement on our previous inspection.

However, the occupational therapy kitchen was in need refurbishment with stained cooking appliances and marked work-surfaces and cupboards. It was positive to note that the registered provider had identified this and had commenced plans to modernise this area. The cottage had a kitchen with cooking and washing appliances for the patients that were living in this area.

Throughout the inspection we observed patients taking part in a range of therapeutic and leisure activities with many patients regularly using community leave from hospital.

Within Aderyn there was a large room with pool table, games consoles and cardio-gym equipment. Staff and patients confirmed that community leisure facilities are accessed regularly. The registered provider also holds regular football matches between other hospitals within its local service.

Some patients and staff were involved in a fitness programme, Mission Fit, which included Couch to 5k² challenge where staff and patients were providing mutual support to each other to complete the challenge. There was an individual log book for Mission Fit that aided the monitoring of weight, food and water intake along with suitable tips and advice for activity healthy eating.

A practice nurse attended Aderyn for two half-day sessions a week along with weekly input from a GP. Patients records reviewed evidenced detailed and extensive physical health assessments and monitoring.

Patients had direct access to an enclosed garden area so that they could access fresh air. Patients with authorised leave from the hospital could also access the extensive gardens that surrounded the hospital. Within the gardens there was a horticultural area which included two poly-tunnels. However, since the previous year the horticultural area had become over-grown and there was damage to the poly-tunnels. Patients stated that they wanted to use this area but due to its current condition they felt they were unable to.

² A programme of exercise of increasing increments of activity with the aim for the person to be able to complete 5km run/walk <https://www.nhs.uk/LiveWell/c25k/Pages/couch-to-5k.aspx>

There was information displayed at the hospital for patients which included details on how to raise a complaint and contact external organisations such as Healthcare Inspectorate Wales. However, the service could improve the range of information displayed for patients to include further information on health promotion and more details on the advocacy arrangements available.

Information leaflets were also available and provided to patients to assist them in understanding areas of their care, such as the Mental Health Act and medication.

There was limited information displayed or readily available to patients either in Easy Read or Welsh.

It was positive to note that patients had access and were encouraged to participate in educational programmes. This included classes facilitated by the Education Officer employed by the registered provider and also accessing course within the community.

Patients were able to undertake education sessions within Aderyn in subjects such as English and mathematics. The computer room provided patients the opportunity to access the internet under staff supervision, as well as learn other computer skills. There was damage to one wall within the computer room that needed to be repaired.

Disappointingly the courses provided by the registered provider at Aderyn were not formally accredited. It would be beneficial for patients if the registered provider explored the provision of accredited courses at Aderyn so that patients could achieve formal qualifications.

Improvement needed

The registered provider must undertake repair / refurbishment to the occupational therapy kitchen.

The registered provider must improve the upkeep of the horticultural area and poly-tunnels.

The registered provider must increase the range of information displayed for patients to include more on health promotion and advocacy services.

The registered provider must ensure that information is displayed in format suitable to the patient group or individual patient needs, including Welsh and Easy Read.

The registered provider must repair the damage to the wall within the computer room.

The registered provider should consider accreditation and/or certification of education courses at Aderyn.

Dignity and respect

We observed that all employees: ward staff, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients; when patients approached staff members, they were met with polite and responsive caring attitudes. All patients we spoke with agreed that they were treated with dignity and respect at Aderyn.

Each patient had their own bedroom which they could access throughout the day; the bedrooms provided patients with a good standard of privacy. Patients were able to lock their own bedrooms which staff could over-ride if required. Patients were able to personalise their own rooms with their own possessions and sufficient storage was provided within the rooms for their items.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. Patients were encouraged to meet family and visitors within the community as part of their rehabilitation care. There were visiting arrangements in place for patients to meet visitors at Aderyn. We understand that child visits to the hospital are very infrequent and where possible these visits are undertaken within the community. There were appropriate arrangements in place for facilitating child visiting at the hospital; whilst there was no dedicated child visiting room, the visiting room was in a suitable location within the hospital grounds which did not involve patients entering the main hospital building.

Patient information and consent

As detailed above there was information displayed for patients at Aderyn, however additional information highlighting health promotion and advocacy arrangements could be displayed. Along with an increase in the range of information formats to best meet the needs of the patient group.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

The hospital had daily morning meetings to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, medical appointments and tribunals. Patients also had the opportunity to provide feedback on the care they receive at the hospital and discuss any developments or concerns.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, their families and carers were also included in some meetings.

Patients that we spoke with confirmed that staff communicated clearly and that they understood their care. Patients also felt listened to and that with the electronic records for care reviews patients could see that their views were being included and considered.

Care planning and provision

There was a clear focus on providing safe and effective care for patients at the hospital. Care was individualised and focused on recovery that was supported by least restrictive practices, both in care planning and ward or hospital practices.

Each patient had their own programme of care based on their individual needs such as medication, therapy sessions and activities. These included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

Aderyn provided patients with a locked rehabilitation environment to prepare them for discharge to a less secure environment. This was in part assisted with the cottage located within the hospital that afforded patients the opportunity to receive care within an environment with minimal support from staff.

However, we discussed specific cases with the hospital director (and other senior staff) regarding patient pathway and the difficulty in identifying suitable placements for discharge from Aderyn. Our discussions highlighted that where

patients were ready for discharge to the community, but no suitable placement had been identified, that this could impact upon other patient's ability to progress to the cottage and therefore delay their progress and discharge. The registered provider demonstrated that patient pathway options were being considered strategically by the organisation to meet individual patient's needs.

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that the patients' equality, diversity and rights were maintained. The design of the hospital and organisation policies ensured an accessible environment for people who may have mobility needs.

Legal documentation to detain patients under the Mental Health Act (the Act) was compliant with the legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code).

Citizen engagement and feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided at the hospital; this included individual and communal meetings.

A poster, titled Suggestions, Ideas and Complaints, was displayed explaining the registered provider's process for providing feedback. There was a patient and visitor book that set out details on how to provide feedback, including to external organisations such as Healthcare Inspectorate Wales and the Public Service Ombudsman for Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

On the whole the environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group. However, there were areas of maintenance required along with improvements to infection prevention and control arrangements.

There were established processes and audits in place to enable staff to continue to provide safe and clinically effective care, however clarification is required regarding the storage of Drugs Liable to Misuse.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed.

Managing risk and health and safety

Aderyn had established processes in place to manage and review risks and to maintain health and safety at the hospital. This enabled staff to continue to provide safe and clinically effective care.

The hospital entrance was secured to prevent unauthorised access with all visitors registering at the main entrance.

Staff wore personal alarms which they could use to call for assistance if required. There were also nurse call points around the hospital and within patient bedrooms so that patients could summon assistance if required. An improvement since our previous inspection was that bedroom nurse call buttons were in reach of their bed.

Following our previous inspection all staff had received training on undertaking patient observations, including enhanced observations and changes to observation levels.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. Following our previous inspection findings improvements had been made to the external lighting to ensure adequate illumination of outside areas and repairs had been completed to the lift and external windows.

Staff confirmed that there had been low number of incidents at the hospital since our previous inspection, particularly involving any need for staff to implement safe-holds or restraint. The clinical records, including the incident recording system, evidenced this, with incidents being recorded as low level for verbal aggression that were quickly de-escalated by staff. The training statistics provided evidenced that 64% of staff were up to date with Breakaway Training and 62% of staff with Management of Violence and Aggression Training. The registered provider must ensure that training courses for these are held so that staff are up-to-date with these essential skills.

Since our previous inspection one bedroom had been developed in to a room where a patient could be cared for if they were presenting with more challenging behaviours. The registered provider had a draft local procedure describing when the room should be used and procedures that should be followed by staff. Whilst the hospital director confirmed that the room was not a seclusion room, the registered provider must ensure that the ratified local procedure clearly defines the terms of use for the room and the procedures that must be followed to safeguard staff and patients. Staff should be provided with clear training and guidance around the use of the room, including what could constitute seclusion³.

Improvement needed

The registered provider must ratify the local policy for the room.

³ See The Mental Health 1983 Code of Practice for Wales, Revised 2016, paragraphs 26.38 - 26.49.

Infection prevention and control (IPC) and decontamination

There was an infection control lead along with a deputy lead that oversaw infection prevention and control for the hospital. A system of regular audits in respect of infection control was in place. These were completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary.

An annual external audit had been completed in April 2018. This highlighted areas of improvement required including refurbishment of the occupational therapy kitchen that was highlighted earlier in this report. The registered provider confirmed that there was a programme of work in response to the findings of the external audit.

There was dedicated housekeeping staff, however there was approximately a 0.5 Full Time Equivalent (FTE) vacant post that the registered provider was actively attempting to recruit to. This resulted in only one full time housekeeper being employed at the time of the inspection. It was evident that the vacancy had impacted upon the ability to complete the scheduled cleaning programme and therefore cleanliness of the hospital. This was also highlighted in the April external audit.

Despite the deficiencies in housekeeping staff the communal areas within the main building of the hospital were on the whole tidy and uncluttered throughout the inspection.

It was also noted that throughout the cottage at Aderyn, where patients are encouraged to be more independent and have a greater responsibility for the cleanliness and tidiness, it was cluttered, disorganised and unclean. Whilst as part of rehabilitation patients need to have the opportunity to be more independent, the registered provider must ensure that patients remain supported when they are unable to maintain their level of independence. The registered provider must ensure that the cleanliness of the cottage does not deteriorate and potentially impact upon physical and/or mental wellbeing of the patients.

The housekeepers' laundry was located in a non-patient area, secured by one lockable door. However the door to the laundry was not kept locked nor were

COSHH⁴ items locked away within the laundry to secure them in case a patient gained access to this area.

Cleaning equipment was stored and organised appropriately. Hand hygiene products were available in relevant areas and staff had access to Personal Protection Equipment (PPE). Designated plastic bins were used for the safe storage and disposal of medical sharps, for example, hypodermic needles. These were stored safely.

Improvement needed

The registered provider must ensure that there is sufficient housekeeper provision at Aderyn.

The registered provider must ensure that arrangements are in place to monitor and, when required, support patients within the cottage.

The registered provider must ensure that housekeepers' laundry is secured to prevent unauthorised access and COSHH items stored in line with associated regulations.

Nutrition

We found that patients were provided with a choice of meals. We saw a varied menu and patients told us that they had a choice of what to eat. Patients had fresh fruit readily available and access to drinks.

We sampled a selection of the meals available to patients, and found them to be of good quality. We also observed the mealtimes at the hospital; patients and staff confirmed that the meals that they received and we sampled were typical of what is provided at Aderyn.

As part of patient rehabilitation care, patients were able to use the occupational therapy kitchens to prepare their own meals which enabled them to maintain and learn culinary skills. Where patients had Section 17 Leave authorisation

⁴ Control of Substances Hazardous to Health and under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce exposure to substances that are hazardous to their health. <http://www.hse.gov.uk/coshh/>

they could also undertake food shopping as part of their community focused rehabilitation activities.

During the first evening of our unannounced inspection we identified significantly out-of-date produce being stored in the fridge within occupational therapy kitchen. If consumed this could have had significant impact upon patients' wellbeing. The out-of-date produce was immediately disposed of and the hospital director confirmed that a weekly audit will commence. One fridge freezer was very iced and had damaged frozen food inside. The freezer needs regular defrosting or may be dysfunctional and may need to be repaired or replaced.

Improvement needed

The registered provider must ensure that an audit of out-of-date produce is completed at regular intervals.

The registered provider must ensure that freezers are operating appropriately and do not damage the produce stored within.

Medicines management

Medication was stored securely in cupboards and medication fridges locked within the locked clinic. There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature. Clinic room governance was supported by weekly external pharmacy audit and review processes.

There were appropriate arrangements in place to ensure that the Controlled Drugs (Supervision of Management and Use) Regulations 2013 were followed. At the time of our inspection there was no Controlled Drug medication being used at the hospital and therefore no controlled drugs were being stored.

Staff were taking additional precautions regarding Drugs Liable to Misuse (DLMs)⁵ by storing them within the Controlled Drugs cupboard. The registered

⁵ Drugs Liable to Misuse are medicines that are liable to be diverted or misused. Examples include benzodiazepines, steroids, psychotropics and laxatives. DLMs are not [Schedule 2](#)

provider's policy regarding the administration and storage medication did not specify storage of DLMs. The Controlled Drugs cupboard was insufficiently sized to store DLMs and Controlled Drugs (CDs). The registered provide should review their policy inline with current professional guidance to ensure that there is clear guidance for staff regarding the storage of DLMs and that there is sufficient secure storage available.

The Medication Administration Record (MAR) Charts reviewed contained the patient's name, photograph of the patient, their mental health act legal status and included copies of the consent to treatment certificates. MAR charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

Whilst PRN medication⁶ was recorded on MAR Charts there was not always a record within the patient's records that PRN medication had been administered and the reason why.

It was positive that the registered provider had a self medication policy as part of the rehabilitation care at Aderyn for patients who were ready to start to take responsibility their own medication. This enabled patients to manage their own medication more independently prior to discharge.

Improvement needed

The registered provider must ensure there is clear guidance for staff on the storage of Drugs Liable to Misuse.

[Controlled Drugs](#), which are specially regulated. Every healthcare organisation should do its utmost to ensure that all medicines are kept securely. Additional measures should be taken to further increase the governance and accountability for drugs liable for misuse.

⁶ PRN Medication is administered as and when required as opposed to medication administered at regular times.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

The training statistics provided by the registered provider evidenced that 83% of staff were up to date with both their child and adult safeguarding training. The registered provider must ensure that the remaining staff complete their annual training.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital including audit of resuscitation equipment. Staff documented when these had occurred to ensure that the equipment was present. However, the expiry date checklist did not include all time-limit items in the emergency bag; this list needs to be expanded to cover all items.

The emergency bag had been recently replaced with a new emergency bag that was different to the previous. Therefore it is recommended all staff have a session familiarising themselves with the contents and location of the items within the bag to aid response in an emergency.

There were a number of ligature cutters located throughout the hospital in case of an emergency.

Improvement needed

The registered provider must ensure that the emergency bag's content expiry date checklist includes all time-limited items.

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients. The arrangements for the hospital fed through to Elysium Healthcare governance arrangements which facilitated a two way process of monitoring and learning.

As detailed elsewhere within the report the registered provider needs to address deficiencies in some National Minimum Standards for Independent Health Care Services in Wales and these are detailed, along with the registered provider's actions, in Appendix B.

Records management

Patient records were mostly electronic which were password protected to prevent unauthorised access and breaches in confidentiality. Paper documentation was stored securely within locked offices and we observed staff updating and storing the records appropriately during our inspection.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients at Aderyn. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act at the hospital.

The three sets of statutory documentation verified that the patients were legally detained at Aderyn. In another case the registered provider's scrutiny of statutory documentation on patient transfer identified an error that occurred in a previous service that invalidated the detention; the registered provider took appropriate action when this error was identified.

It was evident that detentions had been renewed within the requirements of the Act. The renewal of detention was correctly applied on statutory forms and copies of legal detention papers were available to ward staff at the hospital. However, there was no record made in the patients' daily entry records which would clearly inform ward staff that the detention had been renewed.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment; with consent to treatment certificates always kept with the corresponding Medication Administration Record (MAR Chart). This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

All patient leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. Section 17 Leave clearly stated the conditions of leave, i.e. escorted or unescorted, location and duration; however restrictions imposed by the Ministry of Justice, such as prohibited geographic areas, were not always clearly documented on the leave form. Including restrictions would assist staff and the patient in understanding the limitations on their leave without referring to the letter of authorisation from the Ministry of Justice.

It was not documented within patient records whether the patient had been offered or received a copy of their Section 17 Leave form to evidence the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 (the Code), paragraph 27.18.

In one case, a patient's Section 17 Leave had been recently revoked. Whilst staff and the patient were aware that this was the case, it had not been reflected on the electronic system. We raised this with the ward manager who actioned this immediately. It was explained that ward staff were unaware that they could update the system to revoke leave.

Staff had access to a range of patient information leaflets to help assist discussions with patients regarding their care and treatment in hospital. It was documented within patient records that they had been informed of their rights, however there was little detail recorded of what was discussed and whether the patient understood the information. The registered provider must ensure that there is a record of what information the patient has received as guided by the Code, chapter 4.

Improvement needed

The registered provider must ensure that a record of renewals of detention are made in the patient's daily entry records.

The registered provider must ensure that Section 17 Leave authorisations detail any imposed restrictions.

The registered provider must ensure that there is a record of whether the patient has been offered or received a copy of their Section 17 Leave form.

The registered provider must ensure that there is a record of what information the patient has received under Section 132 of the Act.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of three patients.

There was evidence that care co-ordinators had been identified for the patients. The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

Individual Care and Treatment Plans drew on the patient's strengths and focused on recovery, rehabilitation and independence. These were developed with members of the multi-disciplinary team and included good physical health monitoring and health promotion.

To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them

However, it was also common that staff were not clearly documenting any unmet needs a patient may have whilst being cared for at the hospital. It is important that unmet needs are documented so that these can be regularly reviewed by the multi-disciplinary team to look at options for meeting those needs. These can include difficulties in identifying suitable placement for discharge from the hospital.

Patients confirmed that they were encouraged to be involved in developing their care with a focus on discharge whilst at Aderyn. With the permission of the individual patients we attended two care reviews and observed staff conducting an inclusive person-centred meeting. We observed that patients' views and wishes were listened to and staff provided clear reasons for decisions taken.

Improvement needed

The registered provider must ensure that patients' unmet needs are documented in their Care and Treatment Plans.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We saw good management and leadership at Aderyn which was supported by Elysium Healthcare. We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Mandatory training, supervision and annual appraisal completion rates were generally high. However improvements are required in some essential skill areas.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior and regularly during employment.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. Those arrangements were recorded so that they could be reviewed both within the hospital and the wider organisational structure.

There was strong multi-disciplinary team-working with staff commenting favourably on each other and stating that they felt that their views were listened to and respected by other members of staff. The hospital director spoke of good peer links and support from other local Elysium hospital directors through regular meetings or remotely by telephone or email.

Staff spoke positively about the leadership and support provided by senior managers and support from colleagues across the disciplines. We found that staff were committed to providing patient care to high standards.

It was positive that, throughout the inspection, the staff at Aderyn were receptive to our views, findings and recommendations

Dealing with concerns and managing incidents

There was a complaints policy and procedure in place at the hospital. The policy provides a structure for dealing with all patients' complaints for services within Aderyn.

Complaints were categorised as informal or formal complaints. Informal complaints, that were raised and resolved at ward level, were recorded within a paper complaints log with formal complaint logged on the registered provider's electronic system. Formal complaints were monitored and reviewed through clinical governance arrangements which ensured that the complaints process was followed and completed.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Workforce planning, training and organisational development

We reviewed the staffing establishment at Aderyn against that stated within their Statement of Purpose. It was positive to note that the multi-disciplinary team was well established and that there were no registered nurse vacancies. The patient records we reviewed and through conversations with staff evidenced collaborative multi-disciplinary team working.

We reviewed the mandatory training statistics for staff at Aderyn and found that completion rates were on the whole high. The electronic system provided the facility manager with the course and individual staff compliance details. Staff also confirmed that they attended additional training and conferences relevant

to their roles. However, the training statistic provided showed that eight staff required completing either basic life support or immediate life support training.

Staff completed annual performance appraisal and development reviews (PADR). There was a supervision structure that had recently been implemented. It was positive to note that staff were provided with an Elysium Supervision Passport to document dates of when supervision was undertaken, including whether it was clinical or managerial supervision and as individual, group, reflective practice, debrief, etc.

It was positive to note that the registered provider had a Student Nurse Buddy Scheme that was an initiative where patients were involved in the development of student nurses by being the student nurse's buddy. This allowed the patient to provide their perspective on care and assist the student nurse to understand the individual patient's recovery needs.

Improvement needed

The registered provider must ensure that staff complete their mandatory training, including: basic life support, immediate life support, breakaway, managing violence and aggression.

The registered provider should provide all staff with a training session to familiarise them with the new emergency bag.

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place at Aderyn and we reviewed a sample of ten staff files. It was evident that there were systems in place to ensure that recruitment followed an open and fair process; with records of application, interviews and communication held on each file. Prior to employment staff references were received, professional qualifications checked and Disclosure and Baring Service (DBS) checks were undertaken, and then renewed every three years.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.	Not applicable	Not applicable	Not applicable

Appendix B – Improvement plan

Service: Aderyn

Date of inspection: 8 – 10 May 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider must undertake repair / refurbishment to the occupational therapy kitchen.	3. Health promotion, protection and improvement 12. Environment	There is a maintenance schedule in place for Aderyn, which includes a complete refurbishment of the occupational therapy Kitchen.	Jessica Wilson, Hospital Director	September 2018
The registered provider must improve the upkeep of the horticultural area and poly-tunnels.	3. Health promotion, protection and improvement 12. Environment	The Senior Occupational Therapist has implemented an action plan to address the upkeep of the horticultural area and has incorporated this in to patient activity timetables, where applicable. As part of the maintenance schedule the plan is to replace the poly-tunnel with a greenhouse.	Jessica Wilson, Hospital Director in liaison with Kathy Davies, Senior Occupational Therapist	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered provider must increase the range of information displayed for patients to include more on health promotion and advocacy services.</p>	<p>3. Health promotion, protection and improvement 9. Patient information and consent</p>	<p>More literature on health promotion has been requested from Public Health Wales. There will also be more literature displayed promoting the Elysium 'Mission Fit' programme. Hafal and Advocacy Support Cymru have been contacted and will be providing further literature for display on the ward including information in Welsh.</p>	<p>Jessica Wilson, Hospital Director</p>	<p>July 2018</p>
<p>The registered provider must ensure that information is displayed in format suitable to the patient group or individual patient needs, including Welsh and Easy Read.</p>	<p>3. Health promotion, protection and improvement 18. Communicating effectively</p>	<p>Aderyn will ensure that the Accessible Information Standard is met at the point of pre-admission and thereafter. Assessing clinicians will identify communication needs and this information will be transferred onto a needs formulation plan and documented within the patient's notes. A procedure has been put in place which includes a form to request all literature in a different language, easy read, etc should it be required.</p>	<p>Jessica Wilson, Hospital Director</p>	<p>June 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must repair the damage to the wall within the computer room.	3. Health promotion, protection and improvement 12. Environment	There is a maintenance action plan in place for Aderyn, which includes the repair of the computer room wall.	Jessica Wilson, Hospital Director in liaison with the Maintenance Lead	August 2018
The registered provider should consider accreditation and/or certification of education courses at Aderyn.	3. Health promotion, protection and improvement	The Senior Occupational Therapist and Tutor have developed a structured learning plan which will be reviewed every 12 weeks. This will include certified in-house courses facilitated by our Tutor.	Jessica Wilson, Hospital Director in liaison with the Senior Occupational Therapist and Tutor	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must ratify the local policy for the room.	22. Managing risk and health and safety	The draft local procedure for the observation bedroom has been ratified and is in place. All staff will familiarise themselves with the procedure during staff meetings and supervision.	Jessica Wilson, Hospital Director	Complete
The registered provider must ensure that there is sufficient housekeeper provision at Aderyn.	13. Infection prevention and control (IPC) and decontamination	The housekeeping post has been re-advertised and we have received a number of applicants. Interviews have been scheduled for 12 June 2018.	Jessica Wilson, Hospital Director. Jenny Delaney, HR	June/July 2018
The registered provider must ensure that arrangements are in place to monitor and, when required, support patients within the cottage.	13. Infection prevention and control (IPC) and decontamination	A Key Worker will be allocated to support patients within the cottage on a 3x weekly basis. The cottage forms part of the weekly H&S checklist / audit which is monitored by senior management.	Jessica Wilson, Hospital Director.	Complete
The registered provider must ensure that housekeepers' laundry is secured to prevent unauthorised access and COSHH items stored in line with associated regulations.	13. Infection prevention and control (IPC) and decontamination	The Housekeeper's room is now under restricted access. The Nurse in Charge will hold the only key for ward staff.	Jessica Wilson, Hospital Director	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that an audit of out-of-date produce is completed at regular intervals.	14. Nutrition	The Senior Occupational Therapist has introduced a patient led audit to be carried out on a weekly basis. To provide certainty this will also be audited weekly by staff.	Jessica Wilson, Hospital Director Kathy Davies, Senior OT	Complete
The registered provider must ensure that freezers are operating appropriately and do not damage the produce stored within.	14. Nutrition	The Freezer will be replaced as part of the Occupational Therapy Kitchen Refurbishment. Freezer temperatures will be audited and monitored in the interim.	Jessica Wilson, Hospital Director Kathy Davies, Senior OT	September 2018
The registered provider must ensure there is clear guidance for staff on the storage of Drugs Liable to Misuse.	15. Medicines management	The Medicines Policy has been clarified with central and will be displayed in the clinic for reference. The procedure will be taken to staff meetings and supervision.	Jessica Wilson, Hospital Director	Complete
The registered provider must ensure that the emergency bag's content expiry date checklist includes all time-limited items.	16. Medical devices, equipment and diagnostic systems	The expiry date checklist for the emergency bag's content has been updated to include all time-limited items.	Jessica Wilson, Hospital Director	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that a record of renewals of detention are made in the patient's daily entry records.	Mental Health Act	All staff have been reminded via meetings, supervision and correspondence about the importance of documenting renewals of detention within patients' daily entries.	Jessica Wilson, Hospital Director	Complete
The registered provider must ensure that Section 17 Leave authorisations detail any imposed restrictions.	Mental Health Act	A Section 17 Leave Audit has been carried out to ensure that all current authorisations detail any imposed restrictions.	Jessica Wilson, Hospital Director	June 2018
The registered provider must ensure that there is a record of whether the patient has been offered or received a copy of their Section 17 Leave form.	Mental Health Act	A Section 17 Leave Audit has been carried out to determine whether it is documented that all patients at Aderyn have been offered a copy of their Section 17 Leave.	Jessica Wilson, Hospital Director	June 2018
The registered provider must ensure that there is a record of what information the patient has received under Section 132 of the Act.	Mental Health Act	The patient rights confirmation form has been updated in line with the most recent Code of Practice and has been implemented. All staff have been reminded via meetings, supervision and correspondence about the importance of documenting renewals of detention on this form and within patient's electronic	Jessica Wilson, Hospital Director	June 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		records.		
The registered provider must ensure that patients' unmet needs are documented in their Care and Treatment Plans.	Mental Health (Wales) Measure 2010	A revised ICR/CTP Meeting checklist has been devised which will ensure that patients' unmet needs are reviewed and documented accordingly.	Jessica Wilson, Hospital Director	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The registered provider must ensure that staff complete their mandatory training, including: basic life support, immediate life support, breakaway, managing violence and aggression.	25. Workforce planning, training and organisational development	All staff are reminded of their mandatory eLearn training via the MEL system. However a training schedule is now in place for all face-to-face training for 2018.	Jessica Wilson, Hospital Director	June 2018
The registered provider should provide all staff with a training session to familiarise them with the new emergency bag.	25. Workforce planning, training and organisational development	This has been added to the Agenda of the next group supervision session and the bag will be taken to staff meetings. Pictures and descriptions of the contents will also be circulated.	Jessica Wilson, Hospital Director	June 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Jessica Wilson

Job role: Hospital Director

Date: 8 June 2018