

Independent Mental Health Service Inspection (Unannounced)

Pinetree Court:

Juniper, Larch and Cedar Lodge

Inspection date: 18 - 20 February 2019

Publication date: 23 May 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	15
	Quality of management and leadership	22
4.	What next?	25
5.	How we inspect independent mental health services.....	26
	Appendix A – Summary of concerns resolved during the inspection	27
	Appendix B – Improvement plan	28

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Pinetree Court, Cardiff on the evening of 18 February 2019 and following days of 19 and 20 February. The following sites and wards were visited during this inspection:

- Juniper Unit – 12 bed single gender unit
- Larch Unit – 14 bed single gender unit
- Cedar Lodge – 3 bed single gender unit

Our team, for the inspection comprised of one HIW inspector and three clinical peer reviewers (one of whom was the nominated Mental Health Act 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

Pinetree Court and its staff provided safe and effective care to its patients. This was enabled by clear governance arrangements and a well maintained environment that was suitable for the patient group.

There was a clear 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:

- All employees interacted and engaged with patients respectfully.
- Provided a range of suitable facilities in a well maintained environment of care.
- Provided patient centred care to aid recovery and supported patients to maintain and develop skills.
- High professional standard of record keeping that complied with relevant legislation.
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- The out-of-hours hospital contact and entry arrangements
- The First Aid training compliance rates

There were no areas of non-compliance identified at this inspection.

3. What we found

Background of the service

Pinetree Court is registered to provide an independent locked rehabilitation learning disability hospital at 904 Newport Road, Rumney, Cardiff CF3 4LL.

The service has 29 beds:

- Juniper Unit – 12 bed single gender unit
- Larch Unit – 14 bed single gender unit
- Cedar Lodge – 3 bed single gender unit

At the time of inspection the hospital was fully occupied.

The service employs a staff team which includes a Registered Manager and Clinical Lead, two Unit Managers and a nursing team of registered nurses, senior support workers, support workers and vocational team comprising of a vocational service co-ordinator and three activity co-ordinators.

The multi-disciplinary team also includes two consultant psychiatrists, an occupational therapist, psychologist and psychology assistants. The team could also access other Ludlow Street Healthcare professionals which include physiotherapy, dietician and a speech and language team.

The hospital employs a team of catering and domestic staff along with a maintenance person. The operation of the hospital is supported by hospital administration staff and the overarching Ludlow Street Healthcare corporate structure.

The service was first registered on November 2007.

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 Pinetree Court and within the community to aid patients' rehabilitation.

There was a range of information available and displayed for patients with clear emphasis on providing information in a variety of formats to meet wide range of communication needs.

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at Pinetree Court which assisted in maintaining and improving patients' wellbeing.

Patients' records evidenced detailed and appropriate physical assessments, monitoring and treatment being completed. Documentation evidenced very good physical assessments on admission and throughout the patient's stay at the hospital. This included regular weighing, physical observations such as blood pressure, heart rate, etc. There were detailed physical health care plans addressing individual patient needs which used evidence based assessment tools.

All patients had a Hospital Passport¹. The sample we reviewed were completed to a high standard and provided up to date and pertinent information about the individual patient's physical health. All patients had their own My Health Promotion document which provided the patients with relevant information regarding their physical wellbeing.

The hospital was supported by weekly attendance of a GP at the hospital or accessing the local surgery. Patients were also able to access dental services and other physical health professionals as required such as chiropody, the registered provider's own dietician, physiotherapist and Speech and Language Team.

Pinetree Court's ward staff are supplemented by a vocational team that includes an occupational therapist and activity co-ordinators and have access to range of well-maintained facilities that support the provision of therapies and activities. There were three designated vocational vehicles; these assisted staff to facilitate patient activities and medical appointments in the community. There was also an emphasis on patients utilising the local public transport services as part of their rehabilitation care programme.

Patients' records evidenced that they 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 Living² that promoted recovery and rehabilitation, such as preparing meals and other domestic activities. This included access to the hospital's occupational therapy kitchen and supervised support to the laundry room which included washing machine, tumble drier and ironing facilities.

Patients participated in a range of therapeutic and leisure activities both within the hospital and the local community. There was a wide range of resources available within the hospital which included a computer room within the therapies

¹ Hospital passport is a document which contains important information about someone with a learning disability and provides hospital staff with important information about them and their health when they are admitted to hospital.

² These activities can include everyday tasks such as dressing, self-feeding, bathing, laundry, and meal preparation.

block and a computer on both Juniper and Larch. There was an arts and crafts room and a workshop. There was a sensory room³, quiet rooms on the wards and a room that could be used for religious worship with a range of material for various religions.

Patients had access to the hospital grounds which had a well maintained garden that was equipped with a range of outdoor exercise equipment and activities. There was also a sensory garden that was used for horticultural activities. Some patients also accessed the local community allotment.

Patients also went to the local leisure centre to use facilities such as the gym and swimming pool. There were regular trips to the local parks for walking groups, to play football and other outdoor activities.

It was evident that there was great emphasis on utilising community services as part of rehabilitative programme of care. The hospital worked with community based organisations, including vocational activities, which would enable patients to continue to engage with the organisations following discharge from hospital.

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 including prompt and appropriate interactions in an attempt to prevent patient behaviours escalating. When patients approached staff members they were met with polite and responsive caring attitudes.

There was clear evidence of staff practices and policies following the Least Restrictive Practices of care. This contributed to maintaining patients' dignity and enhancing individualised care at Pinetree Court. There were regular least

³ A sensory room is a room designed to develop a person's sense, usually through special lighting, music, and objects.

restrictive practice meetings which provided the opportunity to review and discuss practices that would minimise the restrictions on patients based on research and risks.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Each patient had their own bedroom. Based on individual risks some patients had their own bedroom key so that they could freely access their own bedroom. When bedroom doors closed they locked which the patient could open from the inside but prevented other patients accessing the room; staff could override the lock if required.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms which included a lockable cupboard. Items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely. Patients could request access to these as required.

Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. During our observation of the wards it was positive to note that viewing panels were in the closed position and opened to undertake observations and then returned to the closed position. This helped maintain patients' privacy and dignity.

Each bedroom had a sink which enabled patient to complete some personal care activities within their room. There were two bedrooms each on Larch and Juniper which also had a toilet. There were additional toilet and shower facilities on each of the wards and within Cedar Lodge. Throughout the inspection these were maintained to a good standard and in working order.

However, it was noted that not all toilet areas had appropriate bins. Through discussions with staff we understood that the registered provider was attempting to source appropriate bins that were suitable to withstand attempts of damage by patients and also meet safety and infection control requirements.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There was also a designated visitor room off the wards where patients could meet with family and friends.

Improvement needed

The registered provider must ensure that all toilet areas have suitable bins in situ.

Patient information and consent

There was a range of up-to-date information available within the hospital. Notice boards on the wards and within the hospital reception area provided detailed and relevant information for patients. This included information on the Mental Health Act, advocacy provision and how to raise a complaint.

It was positive to note that an independent advocate attends the hospital regularly throughout the week. It was evident that the advocacy service were supporting patients raise their views and wishes whilst being cared for at the hospital.

Each patient had a patient guide which included contact information for relevant external organisations including Healthcare Inspectorate Wales. It was suggested to the registered provider that some of this information could be displayed within the ward areas so it was readily available for patients.

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.

Patient records evidenced assessment of communication needs, where appropriate a communication passport was developed for the individual patient. Staff also developed Sensory Stories⁴ to further aid a patient's understanding.

⁴ Sensory stories tell a story using words and sensory stimuli. Usually there are just a few sentences in a sensory story (10 or less) and each sentence is paired with a sensory stimulus.

There was clear evidence that communication needs were assessed and areas developed to assist patients throughout many aspects of care provision provided by the hospital.

There were regular patient meetings where patients had the opportunity to provide feedback on the care that 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, wherever possible, their families and carers were also included in some meetings.

We observed, and patients' records documented, individual patient's involvement in their care planning and review.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by positive risk taking practices, both in care planning and organisational practices.

Each patient had their own individual activity planner. This included individual and group sessions, based within the hospital and the community (when the required authorisation was in place). Activities were varied and focused on recovery.

Equality, diversity and human rights

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

Legal documentation for the use of the Mental Health Act or Deprivation of Liberty Safeguards (DoLS) were compliant with the legislation.

Citizen engagement and feedback

There were regular patient meetings to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback.

There was a complaints policy and procedure in place at Pinetree Court. The policy provides a structure for dealing with all patients' complaints for services

within the hospital. It was evident that that an independent person was assigned to investigate the complaint and actions were taken in line with the registered provider's complaint policy to ensure that complaints were dealt with appropriately.

Delivery of safe and effective care

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

The hospital environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group.

There were established processes and audits in place to manage risk, health and safety, medicine management and infection control. This enabled staff to continue to provide safe and clinically effective care.

Legal documentation in respect of the Mental Health Act and Deprivation of Liberty Safeguards was compliant with the relevant legislation.

Clinical records and Positive Behavioural Support (PBS) plans were comprehensively completed. PBS plans reflected the domains of the Welsh Measure and were regularly reviewed.

Managing risk and health and safety

Pinetree Court had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care that was supported by least restrictive practices, both in care planning and hospital practices.

Throughout the inspection the hospital site was secured by the main hospital gate, with entry gained either via an intercom to reception or with electronic key fobs for employees. Entry on and off each ward was secured by electronic locks that required a key fob.

However, when we arrived unannounced out-of-hours we were unable to contact the hospital via the intercom system on a number of attempts. This was because the intercom went to the reception area which is unmanned during the night. We contacted the ward via the hospital telephone number who were then able to allow us entry in to the hospital grounds. The registered provider confirmed that they will consider options to improve the communication into the hospital out-of-hours.

On arrival at the hospital on the first evening of the inspection the nurse in charge for the night shift was able to provide us with all the information we needed regarding the number of patients on each ward and their legal status. This was made easier because the hospital maintained a "Senior on shift" file which was constantly kept up to date and enabled whoever was in charge to access information on number of patients, legal status, on call procedures, rotas and useful contact numbers. The availability of this information also meant that the senior member of staff in charge of the hospital, at any given time, was informed of the status of patients before commencing their shift and have easy access to on-call information when required.

There were nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required. Staff wore personal alarms which they could use to call for assistance if required. There was a system for alarms to be allocated to staff and visitors when they entered the hospital.

The registered provider had an electronic incident recording system that all incidents were entered on to. The system allowed for analysis of incidents including; the nature of the incident, where the incident happened, dates and times and who was involved in the incident. The incident data was used to assist individual care planning and staffing resources for the hospital.

Overall, the hospital was well maintained which contributed to the safety of patients, staff and visitors. It was positive to note that recent refurbishment of patient areas had been undertaken which improved the appearance of the hospital.

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. These identified potential ligature points and what action had been taken to remove or manage these.

Staff were able to report environmental issues to the hospital estate team who maintained a log of issues and work required and completed. We were informed that hospital estates team were responsive and made referrals to contractors quickly when required. Throughout the inspection, we saw the estates team responding and undertaking maintenance work to rectify environmental issues.

However, a member of the inspection team found an item left by a contractor following a recent repair that could have been used by a patient to harm others or themselves. This was immediately removed and reported to the Registered Manager. It was confirmed that this was reported on the incident reporting system and action and learning would be taken from this incident.

We also observed that during our tour of the hospital on the first evening that an internal door was being wedged open. This means that if there was a fire within the hospital the door would not close automatically and would fail to provide the expected level of fire safety provision of the hospital. This was brought to the attention of staff and rectified immediately.

Improvement needed

The registered provider must ensure that communication into the hospital out-of-hours is improved.

The registered provider must ensure that fire doors are not wedged open.

Infection prevention and control (IPC) and decontamination

Through the inspection we saw that the hospital was clean and free of clutter to promote effective cleaning.

There were established systems of regular audits in respect of infection control in place. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control.

Hand hygiene products were available in relevant areas. Staff also had access to Personal Protection Equipment (PPE) when required. Cleaning equipment was stored and organised appropriately.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items. These were not over filled.

The registered provider employs dedicated housekeeping staff for Pinetree Court. The communal bathroom, showers and toilets were clean, tidy and clutter free. There was access to hand washing and drying facilities in all ward-kitchen and bathing areas. Laundry facilities were well maintained, laundry rooms and linen cupboards were well organised across the wards.

The training statistics provided by the registered provider evidenced that 96% of staff were up to date with their infection control training.

Nutrition

We found that patients were provided with a choice of meals on a four-week menu. We saw that the menu was varied and patients told us that they had a

choice of what to eat. The menus also varied seasonally through the year. Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religious requirements.

The chef attended regular meetings with patients to hear their views on the catering provided.

Fresh fruit along with hot and cold drinks were available on each of the wards and patients were able to purchase snacks when on leave from the hospital.

As well as the meals provided, patients were able to use the occupational therapy kitchen to prepare their own meals.

Medicines management

Medicines management at the hospital was safe and effective.

Medication was stored securely with cupboards, medication fridges were locked and medication trolleys secured.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature.

There were appropriate arrangements in place for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked regularly.

Since our previous inspection the hospital had moved from paper based Medicine Administration Records (MAR charts) to an electronic version. The electronic system assisted staff in ensuring accurate records of medicine administered by prompting the input of data therefore ensuring that records were completed when required.

There was regular pharmacy input and audit being undertaken that assisted the management, prescribing and administration of medication at the hospital.

Staff had access to relevant policies within the clinical areas and copies of the British National Formulary (BNF)⁵ were available.

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 hospital maintained a log of safeguarding referrals which evidenced the decision making process.

The training statistics provided evidenced that 93% of staff were up to date with their child protection training and 92% safeguarding vulnerable adults training.

Medical devices, equipment and diagnostic systems

The hospital clinical room was well organised. There were regular clinical audits, including resuscitation equipment. Staff documented when these had occurred to ensure that the equipment was present and in date. There was also calibration records for certain medical devices to ensure that these were working appropriately.

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

Safe and clinically effective care

We found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

Clinical governance arrangements for the hospital fed through to Ludlow Street Healthcare governance arrangements which facilitated a two way process of monitoring and learning.

⁵ The BNF aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines

Records management

Patient records were mainly paper files that were stored and maintained within the locked nursing office, electronic documentation was password protected. We observed staff storing the records appropriately during our inspection.

The patient records we reviewed were very well organised which allowed for ease of reference. Entries in patient records and other documentation were of a high professional standard. It was positive to note that entries by staff, including incident reports, were respectful of the patient and provided clear and objective information.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across two wards, Juniper and Larch.

Mental Health Act documentation was managed by an experienced Mental Health Act Administrator. We found that there were robust systems in place for managing and auditing statutory documentation and that the records were very well organised and in good order.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available to ward staff at the hospital. There were clear records of patients being informed of their statutory rights regularly throughout their detention.

The renewal of detention was correctly applied on statutory forms and clearly documented within patient records. It was also evident that those patients' detentions were reviewed by the Mental Health Review Tribunal and at Hospital Manager Hearings⁶, when applicable or required.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. Consent to treatment certificates were kept with the corresponding electronic medication record. This meant staff administering medication could

⁶ The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of Section 58 of the Act.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, these were up-to-date and well recorded. It was positive to note that the hospital had developed a detailed Escorted Community Access form which provided the hospital with key information regarding the patient's appearance (clothing, hair style etc.), staff member(s) accompanying them and contact details along with the purpose and destination of the leave and expected return time. This meant that there was a clear record in case an expected event occurred whilst on leave from the hospital.

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

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

Patients had Positive Behavioural Support (PBS) plans in place. The PBS plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Overall individual care plans drew on a patient's strengths and focused on recovery, rehabilitation and independence. As stated earlier in the report, care plans included comprehensive physical health monitoring and health promotion.

Care plans were developed with members of the multi-disciplinary teams. 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. Records evidenced that care plans were regularly reviewed and updated to reflect the current care requirements of the individual patient.

It was positive to note that each patient's file contained a summary document that gave an overall record of the individual patient's care needs and risks. This provided an overview for staff who may be unfamiliar with the patient prior to reading their detailed PBS plan.

Mental Capacity Act and Deprivation of Liberty Safeguards

Where required, staff had referred to the local authority to apply Deprivation of Liberty Safeguards for applicable patients. It was evident that the process was being applied appropriately.

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 Pinetree Court which was supported by the Ludlow Street Healthcare organisational structure. We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Mandatory training completion rates were high and staff were able to access additional course to further their personal development.

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 Ludlow Street Healthcare Registered Managers through regular meetings or remotely by telephone or email.

Staff spoke positively about the leadership and support provided by 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 Pinetree Court were receptive to our views, findings and recommendations.

Dealing with concerns and managing incidents

There was a complaints policy and procedures in place at Pinetree Court. The policy provides a structure for dealing with all patients' complaints for services within the hospital. It was evident that an independent person was assigned to investigate the complaint and actions were taken in line with the registered provider's complaints policy to ensure that complaints were dealt with appropriately at the hospital.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the name 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 Pinetree Court with that stated within their Statement of Purpose. There were three registered nurse vacancies. The Registered Manager described the hospital's future workforce planning arrangements that were in place to fill these positions.

To cover any shortfalls in fulfilling the staffing rota that may occur due to vacancies, the registered provider had a staff bank system in place along with the use of agency staff. Agency registered nurses were typically regular individuals who were familiar with working at the hospital and the patient group. This assisted with the continuity of care for patients.

During the inspection we observed one member of agency staff neglecting their duties whilst on shift. We promptly informed the Registered Manager. It was positive to note that the Registered Manager took immediate action, the

employee was removed from the shift and the agency provider notified of the concerns raised.

We reviewed the mandatory training statistics for staff at Pinetree Court and found that completion rates were on the whole very high. The electronic system provided the Registered Manager with the course and individual staff compliance details. Staff also commented very favourably that they attended additional training and conferences relevant to their roles.

However, the training statistics provided showed that 40% of staff required refresher training in First Aid. The registered Manager confirmed that class room training had been booked for February and March which would account for all staff who were currently overdue their refresher training.

Staff completed an annual performance appraisal. There was a supervision structure that had recently been implemented and this was in the process of being embedded. The Registered Manager described the difficulties that were encountered on its introduction and how these have been worked through with the staff team. The Registered Manager was confident that this process would quickly settle in over the following few months.

Improvement needed

The registered provider must ensure that all staff have completed their First Aid training.

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place at Pinetree Court. It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked.

All staff received an induction prior to commencing work on the wards at the hospital. Permanent staff files held a certificate of induction which was issued following the completion of their corporate induction. Agency staff completed an induction at the hospital prior to starting their shift. The completion of the induction was signed off by a member of permanent staff.

DBS checks were completed after each three year period of employment and systems were in place to monitor that professional registrations are up to date.

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, measurable, 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 summaries 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: Pinetree Court
Wards: Juniper, Larch and Cedar Lodge
Date of inspection: 18 – 20 February 2019

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 ensure that all toilet areas have suitable bins in situ.	10. Dignity and respect	New bins have been ordered that are used in more secure settings as a trial. If fit for purpose, further bins will be purchased.	Sarah House	1 Month

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must ensure that communication into the hospital out-of-hours is improved.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	IT to provide mobile number for out of hours which Senior On Site will carry to respond to external entrance buzzer. Awaiting the signage and phone.	Sarah House	1 Month
The registered provider must ensure that fire doors are not wedged open.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	Communication to all staff has been circulated and spot audits will be conducted. Also, door closure reviewed by maintenance due to noise level and shutting mechanism being changed.	Sarah House	1 Month

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The registered provider must ensure that all staff have completed their First Aid training.	25. Workforce planning, training and organisational development	In March compliance was 83% with further training sessions scheduled for April 2019.	Claire Wilson	April 2019

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): Sarah House

Job role: Registered Manager

Date: 10 April 2019