

**Aderyn  
Penperlleni  
Pontypool  
NP4 0AH**

**Inspection 2009/2010**

**Healthcare Inspectorate Wales**

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Inspection Date:	Inspection Manager:
<b>02 December 2009</b>	<b>Mr John Powell</b>

## Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: [www.hiw.org.uk](http://www.hiw.org.uk).

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

## Background and main findings

An unannounced inspection was undertaken to Aderyn on the 2<sup>nd</sup> December 2009 by an Inspection Manager and one HIW reviewer. The hospital was first registered in 2001 to provide a brain injury service, however, since the 20<sup>th</sup> October 2006 the registration had been varied to provide 19 beds for male patients aged 18 years and upward in need of psychiatric rehabilitation. Additional conditions of registration specify that the patients must have a mental disorder and maybe liable to be detained under the Mental Health Act 1983. Aderyn is also registered to provide a day service to a maximum of 2 patients as part of their rehabilitation programme and preparation for discharge. The hospital is owned by Partnerships in Care and functions as an outlying ward of Llanarth Court Hospital, near Abergavenny.

Prior to the inspection the registered manager submitted a comprehensively completed pre-inspection questionnaire and a range of supporting documentation. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the registered manager, the deputy manager, other staff members and a number of patients. In addition the company submitted a range of documentation in relation to the management of violence, aggression and disturbed behaviour. The outcome of this review was very positive and in particular the provision of training to enable employees to minimise the risk of patients harming themselves or another person was clearly evidenced. In addition, the policy and procedure on how to manage disturbed behaviour was well written and in line with best practice.

Two recommendations of the review were that general patient assessment documents, under CPA, need reviewing to establish the inclusion of risk assessments. In addition, the time out policy needs to be viewed and assessed. The area of risk was further considered at the inspection and the individual patient records included comprehensive CPA documentation, risk assessments and care plans in relation to this area.

In respect of the main inspection findings, the registered provider had in place:

- A comprehensive statement of purpose and patient guide
- Care documentation that was very comprehensive and the care plan evaluation was routinely undertaken on a monthly basis or whenever changes had occurred. Care plans were signed by members of the multi-disciplinary team and the individual patient. Patient notes contained a physical health sheet and General Practitioner record. However, it remained difficult to ascertain the medical history of patients and to follow through all the identified medical issues. Patient notes also contained confirmation that patient rights were explained to them on a monthly basis.
- An extensive range of policies and procedures with the date of formulation and review. In addition, the Inspection Manager was informed that all staff signed to state that they had read and understood the policies, however the records were maintained at Llanarth Court hospital and so could not be sighted.
- A comprehensive staff training programme was in place and this included a range of statutory topics, child and adult protection and the Tidal care model. The Inspection Manager was informed that six staff had attended Mental Health Act training and only the registered manager had undertaken Deprivation of Liberty Safeguarding training.
- Individual programmes of activities had been formulated for all patients and engagement with community activities was evident.

In respect of the other inspection findings feedback from patients was very positive in relation to the attitude and support received from the staff group. In relation to the area of risk assessment and management the Inspection Manager was informed that a ligature risk assessment was in the process of being undertaken. This was subsequently received by HIW on the 22<sup>nd</sup> December 2009. It was evident that there were numerous ligature points throughout the establishment including patient bedrooms. A recommendation from the assessment was that an action plan was to be formulated in terms of addressing the areas of risk. This plan needs to be formulated as a matter of urgency and must document specific timescales for action.

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. Some of the administration of medicines records had not been signed for medication prescribed and no reason for non-administration was recorded. Therefore it was not clear if prescribed medication had been administered or not. There was a range of comprehensive policies and procedures in relation to the area of medicines management.

A range of documentation, in a suitable format, was available for patients including a guide to making a complaint, patients guide, medication and therapies. In addition information on the advocacy service was available.

In terms of human resources there was a range of policies and procedures, however, the Inspection Manager was concerned that the registered manager does not see any of the references for staff that are appointed to work within the establishment. This needs to be addressed as a matter of urgency, clearly the registered manager is accountable within regulatory framework and must therefore be fully involved within the recruitment process and this includes having sight of all references for staff employed at the establishment.

In relation to the environment, there was some evidence of water damage to one of the corridors but generally the environment was pleasant and comfortable and all bedrooms had en-suite facilities. However, as previously mentioned an action plan to address the findings following the ligature risk assessment needs to be undertaken as a matter of urgency. The fire risk assessment needs to ensure that it addresses the evacuation procedure for patients who have mobility difficulties.

In terms of the treatment for addictions the Inspection Manager was informed that the drug and alcohol lead nurse had recently left the establishment and a new lead had not been appointed. Therefore it is essential that a drug and alcohol lead nurse is appointed to ensure that patients with addictions receive appropriate treatment and care.

The Inspection Manager would like to thank the registered manager, staff and patients for their time and co-operation during the inspection visit.

## **Achievements and compliance**

Within the previous inspection report 5 regulatory requirements had been identified, an action plan had been received and all of the requirements have been addressed.

In relation to achievements it was very evident that the recently registered additional 2 beds in the cottage were working very well for patients in terms of the last phase of the rehabilitation process.

## **Registration Types**

This registration is granted according the type of service provided. This report is for the following type of service.

Description
<b>An independent hospital with overnight beds providing medical treatment for mental health (including patients detained under the Mental health Act 1983)</b>

## Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1	<p>The number of persons accommodated at the establishment shall not exceed 19 (<b>nineteen</b>) in-patients and 2 (<b>two</b>) day-patients.</p> <p>a) Aderyn – The main building of the establishment providing a 17 (<b>seventeen</b>) bed rehabilitation service.</p> <p>Aderyn Flat – A first floor flat located in the grounds of the establishment to be used as ‘step down’ accommodation for a maximum 2 (<b>two</b>) persons preparing for discharge.</p>	Compliant
2	<p>The establishment is <b>registered</b> for Male patients aged 18 years and upwards who:</p> <p>b) Have a mental disorder, and</p> <p>c) May be liable to be detained under the Mental Health Act 1983, and</p> <p>Have been assessed as in need of psychiatric rehabilitation.</p>	Compliant
3	<p>The establishment is <b>not registered</b> to provide treatment or care to patients who:</p> <p>d) Require treatment or care in conditions of security.</p> <p>e) Have profound to moderate learning disabilities.</p> <p>f) Are in an acute disturbed phase of their mental disorder.</p> <p>g) Have a recent history of absconding and non-compliant behaviour.</p> <p>h) Are convicted sex offenders.</p> <p>Are in an acute phase of either a medical illness or who are terminally ill requiring intensive medical treatments.</p>	Compliant
4	<p>The numbers and skills of healthcare professionals and support staff assigned to each unit will reflect the number and needs of patients and each unit. The minimum staffing levels for the establishment will be provided as specified in the establishment’s Statement of Purpose submitted to Healthcare Inspectorate Wales dated December 2008 and as updated from time to time.</p>	Compliant
5	<p>The Registered Person must ensure that a suitably qualified experienced senior registered nurse – Part 1 (Mental Health) Nursing and Midwifery Council Register, is appointed to the position of lead nurse/manager/clinician. This person must be based at Aderyn with a job description dedicated to the running of the establishment.</p>	Compliant

## Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

## Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

### Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard met
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met

Number	Standard Topic	Assessment
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard almost met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard met

Number	Standard Topic	Assessment
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not applicable

**Service specific standards- these are specific to the type of establishment inspected**

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard met
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard almost met
M8	Suicide prevention	Standard almost met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard met
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard met
M14	Information for patients on their treatment	Standard met
M15	Patients with Developmental Disabilities	Standard almost met
M16	Electro-Convulsive Therapy (ECT)	Standard not applicable
M17	Administration of medicines	Standard almost met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard almost met
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard met
M26	Anti-discriminatory Practice	Standard met
M27	Quality of Life for Patients	Standard met
M28	Patient's Money	Standard met
M29	Restrictions and Security for Patients	Standard met
M30	Levels of observation	Standard met

M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met
M33	Unexpected patient death	Standard met
M34	Patients absconding	Standard met
M35	Patient restraint and physical interventions	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Standard not inspected
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard not applicable
M44	Section 17 Leave	Standard met
M45	Absent without Leave under Section 18	Standard met
M46	Discharge of Detained Patients	Standard met
M47	Staff Training on the Mental Health Act	Standard almost met

## Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

## Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C22, M7 & M8	24 (1) (d)	<p><b>Findings</b> A ligature risk assessment had been undertaken at the establishment and a number of environmental hazards had been identified.</p> <p><b>Action Required</b> The registered person is required to ensure all parts of the establishment to which patients have access are so far as reasonably practicable free from hazards to their safety. Therefore an action plan with specific timescales must be formulated in relation to the management of the risk identified within the ligature risk assessment.</p>	An action plan of how this area will be addressed must be received by HIW within 14 days of the date of this report.
M17	14 (5)	<p><b>Findings</b> In relation to the administration of medicines some of the individual patient administration records had not been signed for medication prescribed and no reason for non-administration was recorded.</p> <p><b>Action Required</b> The registered person is required to make suitable arrangements for the safe administration of medicines.</p>	Within 28 days of receipt of this report.
M19	15 (1)	<p><b>Findings</b> The drug and alcohol lead nurse had recently left the establishment.</p> <p><b>Action Required</b> The registered person is required to promote and make proper provision for the welfare of patients. Therefore a new suitably qualified and experienced drug and alcohol lead nurse must be appointed</p>	Within 3 months of receipt of this report.
M47	18 (2) (b)	<p><b>Findings</b> All staff had not received training on the Mental Health Act.</p> <p><b>Action Required</b> The registered person is required to ensure that the staff have the qualifications, skills and experience to undertake their role.</p>	Within 2 months of the date of this report.

## Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C9	<b>The registered manager to sight the references for all staff recruited for the establishment.</b>
M6	<b>All staff to receive training in relation to the Deprivation of Liberty Safeguarding</b>
M15	<b>Physical health check documentation needs to reflect all the routine checks (including: sight and dental care) attended by patients.</b>

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