Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Heatherwood Court
Llantrisant Road
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Inspection 2009/2010

Healthcare Inspectorate Wales
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Inspection Date:	Inspection Manager:
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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**.

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 Heatherwood Court on the 20 October 2009 by an Inspection Manager and three HIW reviewers. The hospital was first registered in December 2007 and is currently registered to provide low and medium secure services for patients with mental disorder who may be detained under the Mental Health Act 1983. The hospital is owned by Ludlow Street Healthcare Ltd.

The registered manager left the service in April 2009. On an interim basis, the regional manager took on the additional responsibility as manager for the hospital and had since applied to be the registered manager in conjunction with the regional role.

Prior to the inspection the hospital manager submitted a completed pre inspection questionnaire and supporting documentation. The inspection focussed upon the analysis of a range of documentation including the examination of patient records and discussion with a range of staff members and patients.

The main findings from the inspection are set out below.

There were 39 patients accommodated on the day of inspection, all of whom were detained under the provisions of the Mental Health Act 1983.

A Dialectical Behavioural Therapy treatment model was in operation at Heatherwood Court, a high level of staff training was evident and a group was observed as part of the inspection.

Clinical audit of the service remains under development, although a comprehensive draft plan was sited during the inspection and was due for sign off before the end of the year.

Two deaths had occurred and were appropriately notified to HIW. Each of the incidents were handled and investigated in accordance with policies and procedures and lessons to be learned had been implemented.

Managing disturbed behaviour is an ongoing challenge and the registered person had undertaken a range of actions to help reduce this. At the point of inspection there had been a reduction in the number of incidents in the autumn of 2009. It was explained that this was due to a number of factors which included:-

1. assertiveness training for staff.
2. observation of interactions between staff and patients by the psychology team and recommendations for greater consistency in approach.
3. reallocation of patients across the four twelve bedded units.

It was also noted that the management plan for one of the patients appeared to involve seclusion without the required checks and safeguards in place but this was promptly addressed following communication with the provider.

Staff interviewed during the inspection reported that they enjoyed working at Heatherwood Court. They gave examples of times when they felt less well supported by the senior managers and this was a theme that had been raised by HIW with senior managers at Heatherwood Court during the year (as a result of concerns raised). Several measures were described to address staff satisfaction and support. These included staff meetings, a letter to all staff and senior managers making more attempts to be present on the units.

It was recognised by the management that supervision arrangements, particularly for nursing staff needed to be improved. It was reported that additional training had been provided to address this together with some supernumerary time.

There was a child visiting policy in place. However staff should have the knowledge to identify child protection issues both when visiting takes place and when escorting patients in a variety of scenarios in the community. Further awareness raising with staff would be beneficial.

Interviews with staff also indicated that knowledge of informed consent was inconsistent and required further training. For example some members of staff were unable to articulate what it was for a patient to provide informed consent.

Staff shortages were highlighted during the year following an anonymous complaint. Generally minimum staffing levels are met (on two occasions since the last inspection it had been confirmed that there were less than the required minimum staffing levels provided). Some patients also reported that they were unable to access their bedrooms until 10pm due to staff shortages. Minimum staffing levels, proposed by the registered provider, are set out in the statement of purpose for the establishment and also specified in the Notice of Decision dated 22 May 2009 and are a condition of registration. Staffing arrangements need to be reviewed to ensure that patients are not prevented from accessing their own rooms when they want to.

Throughout the year there had been a number of staffing vacancies. Agency staff were used, although it was reported that the majority of agency staff were those who knew Heatherwood Court well. The hospital manager provided information on inspection to

show that there was active, ongoing recruitment of staff. At the date of inspection, outstanding vacancies were for the following: a registered manager (currently the registered provider is in breach of regulation 10 as there is no registered manager in place), unit leader, staff nurse, occupational therapist and clinical forensic psychologist.

Patients reported that they were treated with dignity and respect and felt safe at Heatherwood Court, although instances were described in which they had not felt safe (largely due to the volume of disturbed behaviour and location of mixed gender environments).

Other areas that some patients told reviewers they would like improved were in relation to the availability of spiritual support and improvements in the management of laundry as on occasions some clothing is lost.

The building and décor were generally in good condition. It was evident that there were areas of high wear and tear and evidence of ongoing maintenance and decoration was observed. It was noted that a number of smoke seals on doors were not adequate and required attention. The treatment room was observed to be used as temporary storage for a number of items, (for example a broken wardrobe, and some storage boxes this room should be kept clear of such items.

The therapy block and patient bedrooms were personalised to varying degrees. It is recommended that patient feedback is sought on whether they would like to see improvements to external and communal areas.

The therapy unit was an excellent facility but it still appeared underused. There was a good programme of activities in operation; however there were patients on the units who complained of boredom. This was especially so for those who are newly admitted who reportedly do not do anything in the first couple of weeks while they are being assessed. Unless inappropriate, an introduction to this area sooner, would be beneficial and welcomed by patients.

Many patients have weight problems. It was reported that a dietician had recently been employed in the company and the cook has achieved a gold award from the Environmental Health Department. It was evident that there needs to be greater coordination between menu planning, assessment of nutritional and dietary needs and patient feedback on the catering service.

Multi disciplinary records were noted to be in good order and meet national minimum standards. Feedback from patients interviewed during the inspection was consistent in that they we aware of the long term plans however they said they wanted to be more involved in their care plans.

A review of a sample of prescription sheets showed that the writing was at times illegible (this was corrected for one particular instance during the inspection). It was also noted that as required medicines from previous sheets were being continued when a new sheet was required without being rewritten on the new sheet. This led at times to duplication of as required medicines.

The inspection team would like to thank all staff and patients for their cooperation and assistance during the inspection.

Achievements and compliance

Prior to this inspection, the company submitted a range of documentation in relation to the management of violence and aggression and disturbed behaviour. The outcome of this review was positive. A recommendation from the review was to check the accreditation of the training company that train staff to manage violence and aggression.

Registration Types

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

Description
Independent Hospital
Independent hospital service type: **Independent hospitals with overnight beds providing medical treatment for mental health (including patients detained under the Mental Health Act 1983)**

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.	The number of persons accommodated in the establishment at any one time must not exceed 48 (**forty eight**) as specified below: **a. Caerphilly Unit** A **low secure** psychiatric service for a maximum 12 (**twelve**) **female** adults diagnosed with a mental disorder who may be liable to be detained under the Mental Health Act 1983. **b. Caernarvon Unit** A **low secure** psychiatric service for a maximum 12 (**twelve**) **male** adults diagnosed with a mental disorder who may be liable to be detained under the Mental Health Act 1983. **c. Chepstow Unit** A **medium secure** psychiatric service for a maximum 12 (**twelve**) adults of the **same gender**, diagnosed with a learning disability/ Autistic Spectrum Disorder who are detained under the Mental Health Act 1983.	At the time of the inspection the provider had made changes to the type of patients and the areas in which they were being accommodated. All patients were being provided with a low secure psychiatric service. These changes had been made without the required approval of the registration authority.

Condition number	Condition of Registration	Judgement
	d. Cardigan Unit A **low secure** psychiatric service for a maximum 12 (**twelve**) **female** adults diagnosed with mental disorder who may be liable to be detained under the Mental Health Act 1983.	
2.	The registered person **must not admit** or accommodate the following categories of patients: a) Persons under the age of 18 years or over the age of 65 years. b) Persons requiring high security accommodation. c) Persons who do not require care and treatment for their mental disorder/learning disability in a secure hospital environment. d) Persons whose primary need is treatment for drug and/or alcohol addiction. e) Persons with a major physical illness or disability including those who require a wheelchair.	Compliant
3.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose (Version 6) dated February 2009 and as updated from time to time. Any changes to the minimum staffing levels must be agreed by Healthcare Inspectorate Wales in writing prior to those changes being introduced.	Compliant

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement.

Condition number	Findings and action required	Time scale
1.	**Findings:** Changes to service provision had been made following submission of an application to vary conditions of registration to HIW but which had yet to be determined. **Action required:** The registered persons must ensure that changes to services which involve an application to vary conditions of registration must not take place prior to confirmation of a decision from HIW regarding the application.	Immediately and ongoing

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 almost met
C2	The treatment and care provided are patient - centred	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard almost met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not assessed
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard almost 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 clears 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
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not assessed
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard not assessed
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard not assessed

Number	Standard Topic	Assessment
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 met
C23	The appropriate health and safety measures are in place	Standard not assessed
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard almost 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 met
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 not assessed
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
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 met

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 almost met
M5	Staff Numbers and Skill Mix	Standard almost met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard 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 almost met
M15	Patients with Developmental Disabilities	Standard met
M16	Electro-Convulsive Therapy (ECT)	Standard not assessed
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard not assessed
M19	Treatment for Addictions	Standard 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 almost met
M27	Quality of Life for Patients	Standard almost met
M28	Patient's Money	Standard not assessed
M29	Restrictions and Security for Patients	Standard almost met
M30	Levels of observation	Standard met
M31	Managing disturbed behaviour	Standard almost 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 almost met
M41	Establishments in which treatment is provided for persons liable to be detained – Information for Staff	Standard met
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard not met
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 met

Schedules of information

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

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Complaint
3 (Part I)	Period for which medical records must be retained	Compliant
3 (Part II)	Record to be maintained for inspection	Compliant
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	17(2)a	**Findings** It was reported that child protection training was encompassed with the training for protection of Vulnerable Adults (POVA). Staff interviewed reported they had not received any training in child protection. **Action Required** 0910/1- The registered person is required to ensure that all members of staff receive training in child protection tailored to the type of scenarios staff are likely to find themselves in.	31 March 2010
M31, M35, M43	14	**Findings** It was noted that a management plan included the removal of a patient away from others that in effect secluded the person.	30 Nov 2009

Standard	Regulation	Requirement	Time scale
		Action Required 0910/2 - The registered person is required to ensure that management of all disturbed behaviour is in accordance with best practice guidance and the provider's policies and procedures.	
M26	15(4)b	**Findings** Some patients said they would like additional spiritual support. **Action Required** 0910/3 - The registered person is required to ensure there are suitable arrangements to provide spiritual support for patients.	31 Dec 2009
C19, C23	8(1)e, 24(2)d,	**Findings** It was noted that the smoke seals on a number of doors were not suitable for the purpose. **Action Required** 0910/4 - The registered person is required to ensure that all smoke seals in the establishment are fit for purpose, and that this is part of future monitoring by the maintenance team.	30 Nov 2009
C2, C3, C24,	14(5)	**Findings** It was observed that the practice of using 'as required' medicines from previous prescription sheets were being used instead of writing up afresh when a new prescription was required. Writing was not always legible. This is not in accordance with best practice for safe administration or the organisation's own policies. **Action Required** 0910/5 - The registered person is required to ensure that all 'as required' medicines are reviewed and prescribed in accordance with best practice when a new prescription sheet is required.	30 Nov 2009

Standard	Regulation	Requirement	Time scale
C1, M14	15(1) & (3)	**Findings** Whilst patients said they were aware of the long terms aims for them several stated they would like to be more involved with the development of their individual care plans **Action Required** 0910/6 - The registered person is required to ensure that all patients are enabled to be involved and make decisions about their care plans.	30 Nov 2009
C21, C6,	14(7),	**Findings** There was evidence that individual nutritional assessment, weight management and patient feedback on catering is not being used to inform menu planning. **Action Required** 0910/7 - The registered person is required to ensure that food is suitable for the needs of patients who have weight management needs.	31 Dec 2009
C2, M6	(8)2, 17(2)	**Findings** Staff knowledge of informed consent was variable. **Action Required** 0910/8 – The registered person is required to ensure that all staff are appropriately trained so that they are all able to ensure patients give the appropriate consent to treatment.	31 Dec 2009

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
C3	Relaxation/quiet sessions are supported with a suitable environment and equipment.
M6	It is recommended that accreditation details of the training for staff in the management of violence and aggression are ascertained in line with the guidance set out in Clinical Guideline 25 issued by the National Institute for Clinical Excellence.