

**Rushcliffe Independent Hospitals
(Aberavon)
Scarlet Avenue
Aberavon
Port Talbot
SA12 7PH**

Inspection 2009/2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Inspection Date:	Inspection Manager:
21 January 2010	Mrs Helen Nethercott

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 Rushcliffe Independent Hospital in Aberavon on 22 January 2010 by an Inspection Manager and an HIW reviewer.

The hospital was first registered on 29 June 2009 and is registered to provide a rehabilitation service for patients with diagnosed with schizoaffective disorder, or bipolar disorder or schizophrenia who may be detained under the Mental Health Act 1983.

An application to vary the conditions of registration was approved on 23rd November 2009 to change the provision of services from those with a primary diagnosis of mental illness that is associated with organic brain disorder to that as stated below.

The registered manager at the time of initial registration had left the service and an application for registration by a newly recruited manager was being processed by HIW. Prior to the inspection the registered manager submitted a completed pre inspection questionnaire and supporting documentation. The inspection focussed upon the examination of a range of documentation including patient records and discussion with a range of staff members and patients.

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.

There were 3 patients accommodated at the time of inspection on 2 units.

The main findings from the inspection are set out below.

- A statement of purpose and patient guide were in place.
- A range of policies and procedures were in place.
- A good range of training had been provided to the staff team, however this needed to include child protection training in the context of the service to be provided.
- It was noted that clinical governance processes had commenced and minutes of meetings were observed.
- The patient money policy was examined and it was noted that the policy needed to be updated to require written records of transactions made when patients withdraw money from bank accounts in the presence of/ or under the supervision of a member of staff.
- Discussion with staff showed that efforts were being made to ensure patients had a structured day which included purposeful activities. As the service develops the registered persons should ensure that a multi disciplinary approach is taken to providing this for patients.
- Patient records were observed to include risk assessments and comprehensive care plans. It was noted that a Care Programme Approach treatment plan was not in place for each patient. The inspections manager recommended that development and implementation of a CPA audit would be beneficial to monitor the multi disciplinary approach to the implementation of CPA.
- Staff records were observed and appeared in good order. It was noted that one of the registered nurse records did not include up to date NMC registration. This was remedied during the inspection.
- It was noted that some of the ensuite bathrooms for the empty bedrooms had blinds on the windows which presented a ligature risk.
- It was recommended that privacy in the communal areas could be improved by the provision of reflective film as members of the public walking along the seafront could observe interactions in these areas.

It was noted that there were two registered nurses that had been qualified for less than 4 months. Discussion revealed that these persons had initially been supervised on each shift but that this had lapsed and they were being rostered to take charge of the unit on their own. The preceptorship that they had been working towards had not yet been signed off.

The registered persons were required to make immediate changes to remedy the situation and confirmation has since been received at HIW that the required changes are being implemented.

It was also noted that as both units in the hospital were open and accommodating patients the staffing levels were not in accordance with the minimum staffing levels as defined in the statement of purpose in that a registered nurse was to be on duty at all times for each unit accommodating patients; as there were two units accommodating patients there should have been two registered nurses on duty at all times. The registered persons have since revised the statement of purpose so that the senior staff in the hospital are included in the number of registered nurses where there are less than 4 patients. Duty charts show that there remain a single registered nurse on duty at night for the hospital.

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

Achievements and compliance

This is the first inspection since registration.

Registration Types

This registration is granted according the type of service provided.

Description
Independent Hospital
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	<p>Condition 1</p> <p>Only persons diagnosed with schizoaffective disorder, or bipolar disorder or schizophrenia may be accommodated at the establishment. Only persons up to the age of 66 (sixty six) years but over the age of 18 (eighteen) years may be treated in the establishment. A maximum of 16 (sixteen) persons can be accommodated in the establishment overnight.</p>	Compliant
2	<p>Condition 2</p> <p>Each 8 bed unit (including bedrooms and bathrooms) must be designated solely for use by patients of a specific gender. Patients must not be permitted access to accommodation designated solely for use by patients of another gender.</p>	Compliant

Condition number	Condition of Registration	Judgement
	Male and female patients must not be permitted to share any other facilities, including communal recreational facilities, unless properly supervised by staff at all times.	
3	<p>Condition 3</p> <p>This independent hospital is registered to provide treatment or nursing (or both) for persons liable to be detained under provisions of the Mental Health Act 1983 but who do not require any type of acute, intensive or secure service provision.</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 almost 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 not assessed
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 almost met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard met
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 not assessed
C14	Children receiving treatment are protected effectively from abuse	Standard not assessed
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

Number	Standard Topic	Assessment
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 assessed
C24	Measures are on place to ensure the safe management and secure handling of medicines	Standard not assessed
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 assessed
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 not assessed
C29	Patients are resuscitated appropriately and effectively	Standard not assessed
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 not assessed

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 met
M7	Risk assessment and management	Standard almost met

Number	Mental Health Hospital Standards	Assessment
M8	Suicide prevention	Standard almost met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard almost met
M11	The Care Programme Approach/Care Management	Standard almost met
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard almost met
M14	Information for patients on their treatment	Standard not assessed
M15	Patients with Developmental Disabilities	Standard not assessed
M16	Electro-Convulsive Therapy (ECT)	Standard not assessed
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard not assessed
M20	Transfer of Patients	Standard not assessed
M21	Patient Discharge	Standard not assessed
M22	Patients' records	Standard met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard not assessed
M26	Anti-discriminatory Practice	Standard met
M27	Quality of Life for Patients	Standard met
M28	Patient's Money	Standard almost 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 not assessed
M34	Patients absconding	Standard not assessed
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 assessed
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard not assessed
M44	Section 17 Leave	Standard met
M45	Absent without Leave under Section 18	Standard not assessed

Number	Mental Health Hospital Standards	Assessment
M46	Discharge of Detained Patients	Standard not assessed
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 provide, 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	Compliant
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
C9	17(1)	<p>Findings: Staffing levels were not in accordance with the minimum staffing as defined in the statement of purpose.</p> <p>Action required: 0910/1 The registered persons must ensure that at all times the minimum number of staff in the hospital are in accordance with the levels specified in the statement of purpose.</p>	Immediately and ongoing

Standard	Regulation	Requirement	Time scale
C19, M8	24(2)d & 43	<p>Findings Some bathrooms had blinds installed on the windows that provided a ligature point</p> <p>Action Required 0910/2 The registered person is required to review and updated the ligature risk assessment for the establishment and take the required actions to minimise risks.</p> <p>0910/3 The bedrooms with ensuite bathrooms that have blinds installed must remain locked and not occupied by patients until points of ligature have been removed.</p>	<p>26 Feb 2010</p> <p>Immediately and ongoing</p>
C10	Regulation 20(1),(3) Schedule 3 Part II para 7d	<p>Findings Not all the personnel records included evidence of registration with professional bodies, although this was rectified during the inspection.</p> <p>Action Required 0910/4 The registered person is required to ensure that there is a record maintained for inspection for each person employed in or for the purposes of the establishment which includes the details of relevant professional qualifications and registration with the relevant professional regulatory for body for each healthcare professional.</p>	26 Feb 2010

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
C22	Provide child protection training for staff relevant to the type of service to be provided.
M28	The patient money policy should be updated to include a record of all transactions including those from cashpoints and any patients bank account where the patient is accompanied by a member of staff.
M13	A CPA audit should be developed and implemented to ensure a multidisciplinary treatment plan is developed and implemented for each patient.
M10	The registered person should provide confirmation that the pharmacist has experience of mental health pharmaceutical services and the relevant legal frameworks.
M26	It is recommended that the privacy and dignity of patients in communal areas is protected from members of the public using the promenade by installing protective film on the lower level of the windows.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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