Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Cefn Carnau Uchaf
Thornhill
Caerphilly
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Inspection 2009/2010

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Inspection Date:	Inspection Manager:
18 February & 22 March 2010	Mr John Powell Mr Frank Longbottom Mr Bill Brereton Mr Barry Topping-Morris (visit on the 18 February only)

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 to Cefn Carnau Uchaf was initially undertaken on the 18 February 2010 by an Inspection Manager and three HIW reviewers. Unfortunately the visit was abandoned due to adverse weather conditions. A further unannounced visit was undertaken on the 22 March 2010 by an Inspection Manager and two HIW reviewers. In addition a pharmacy inspection was also undertaken on the 11 November 2009. The hospital was first registered in June 1999 and is currently registered to accommodate 22 patients within two distinct wards. Sylfaen ward is registered to accommodate eight female patients over the age of 18 years who have a primary diagnosis of learning disability and who may be liable to be detained under the Mental Health Act 1983. In addition, Bryntirion ward is registered for a maximum of fourteen male adults over the age of 18 years diagnosed with a primary diagnosis of learning disability who may be liable to be detained under the Mental Health Act 1983. The hospital is owned by Craegmoor Hospitals Limited.

Prior to the inspection the registered provider submitted a 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 practice development nurse, 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 "advanced directive" form that was mentioned has an excellent form of patient focused information. A recommendation of the review was that the critical event policy should be reviewed to assess the post incident processes for inclusion of debriefing and lessons learned.

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

- A comprehensive statement of purpose and patient guide.
- An extensive range of policies and procedures with the date of formulation and anticipated review. All policies and procedures had a list available for staff to sign to state that they had read and understood the policy. Staff based within the establishment had signed in relation to a number of key documents. However, there was no evidence that medical staff, occupational therapists and educational staff had signed to state that they had read and understood the policies and procedures. Some of the policies and procedures that should be drafted in accordance with the Mental Health Act 1983 - Code of Practice were in the process of being formulated.
- A staff training programme was in place however, there was a lack of awareness by some staff of child protection issues and some members of staff had not undertaken recent training on the Mental Health Act 1983. In addition, a number of staff had not attended recent training in: Protection of Vulnerable Adults (PoVA), fire safety, equality & diversity, food hygiene, health & safety, infection control and manual handling.
- Weekly programmes of patient activities were in place, however there were a number of occasions noted when it was documented that leave had to be cancelled due to staff shortages. In addition, there was a patient who had clearly been given escorted community access and this had not occurred for some months. The Inspection Manager was informed that this was due to insufficient staff being available. This is completely unsatisfactory and the practice development nurse was informed that must be addressed as a matter of urgency.
- The system of care documentation was very comprehensive and integrated multi-disciplinary care notes were maintained for each patient. The physical assessment and annual health checks, goals and action plans were comprehensively completed. An advance directive was in place for the management of violence and aggression. However, there were a number of issues with the care documentation sighted including; a lack of documented reviews, and a lack of evidence of patient and family involvement. In addition, pages were ripped and falling from the care files.
- There was a lack of evidence, within the patient documentation, that the patient's rights were explained to them on a regular basis under the Mental Health Act 1983.
- There was a range of policies and procedures in place in relation to the prescribing, handling, storage, recording and disposal of medication. The pharmacy inspection undertaken was generally very positive with a medication record being appropriately maintained for all patients. Two areas identified for action included the medication regime of each patient and the known side effects and risks should be fully explained to the patients and there was no other reference source for medication apart from a British National Formulary.
- Patients' views were obtained via a number of strategies including a patient forum entitled "your voice" and the distribution of patient questionnaires.
- An advocacy service was available.

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. A range of documentation in a suitable format was available to inform patients about their rights, access to advocacy and the complaints procedure. A range of documentation was clearly displayed for patients to read.

A random sample of employee files was sighted and application forms, interview notes, medical questionnaires, an induction programme, references and confirmation of registration with the Nursing and Midwifery Council were on file.

A range of emergency equipment was available and staff had been trained in the use of the defibrillator and use of medical gases.

In relation to the area of blood borne viruses it could not be established if all staff had received appropriate vaccination in relation to hepatitis B.

In terms of the environment of care the Inspection Manager was informed that a therapy centre was being developed on the site of the old swimming pool. Many areas of Bryntirion ward required redecoration and general refurbishment and of particular concern was the ceiling in the first floor shower room which was black with mould and the flooring was rising up from the floor boards. Sylfaen ward was very hot and stuffy and an urgent review of bedroom window handles and other ligature points was required throughout the hospital. From a dignity and privacy perspective the vision panels in the bedroom doors could not be closed by patients.

An internal audit had been undertaken by Craegmoor in relation to the area of patients' monies and a number of recommendations were made. It is important that all of the recommendations identified are fully implemented.

The Inspection Manager would like to thank the practice development nurse and the staff for their time and co-operation during the unannounced inspection visit.

Achievements and Compliance

Within the previous inspection report 8 regulatory requirements had been identified, an action plan had been received and all of the requirements had been addressed with the exception of the surface in the car park must be made safe.

Registration Types

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

Description
An independent hospital 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 22 (twenty two) as specified below. **a) Sylfaen Unit** A low secure service for a maximum 8 (eight) female adults over the age of 18 years diagnosed with a primary diagnosis of learning disability and who may be liable to be detained under the Mental Health Act 1983. **b) Bryntirion Unit** A low secure service for a maximum 14 (fourteen) male adults over the age of 18 years diagnosed with a primary diagnosis of learning disability who may be liable to be detained under the Mental Health Act 1983.	Compliant
2.	The registered person must not admit or accommodate the following categories of patients: c) Persons under the age of 18 years. d) Persons who do not require care and treatment for their learning disability/ mental disorder in a secure hospital environment. e) Persons who require care and treatment in conditions of medium or high security. f) Persons whose primary diagnosis is drug or alcohol misuse. g) 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 Statement of Purpose (version 4) approved by Julian Spurling dated August 2008. Additional staffing must be provided as required in such numbers as are appropriate for the health and welfare of the patients.	Compliant
4.	A registered nurse (Registered Nurse Mental Health or Registered Nurse Learning Disabilities with the Nursing and Midwifery Council) must be present on each of the units at all times when patients are present.	Compliant

Condition number	Condition of Registration	Judgement
5.	The registered persons must ensure that there is a suitably experienced senior Registered Nurse (Mental Health or Learning Disabilities with the Nursing and Midwifery Council) appointed to the position of lead nurse. The role of the 'Lead Nurse' will be to provide clinical and professional advice to the Registered Manager and nursing staff at the establishment.	Compliant
6.	The Registered Manager and Lead Nurse must be supernumerary and not included in the minimum staffing levels for the establishment.	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. here 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. 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. efore undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. his 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 almost 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 almost 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

Number	Standard Topic	Assessment
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 almost 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 almost met
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard almost 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 almost 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 met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard almost 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 almost 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 almost met
M15	Patients with Developmental Disabilities	Standard met
M16	Electro-Convulsive Therapy (ECT)	Standard not applicable
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
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 almost met
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 almost 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 almost met
M42	The Rights of Patients under the Mental Health Act	Standard almost met
M43	Seclusion of Patients	Standard not applicable
M44	Section 17 Leave	Standard almost 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 provided, 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. he 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
C2	15 (1)	**Findings** There were a number of issues with the care documentation sighted including; a lack of documented reviews, and evidence of patient and family involvement. In addition, pages were ripped and falling from the care files. **Action Required** The registered person is required to ensure that the establishment is conducted so as to promote and make proper provision for the welfare of patients. Therefore care documentation must be reviewed and evidence of patient and family involvement must be documented.	Within 28 days of the date of this report
C7 & M41	8 (1) (a) & (b)	**Findings** The policies and procedures as specified in appendix 2 of the Mental Health Act Code of Practice were not in place. **Action Required** The registered person is required to ensure that policies and procedures as specified in appendix 2 of the Mental Health Act Code of Practice are in place.	Within 28 days of the date of this report
C19	24 (4) (c) & (d)	**Findings** All staff had not attended recent training in fire prevention and had not participated in a recent fire drill. **Action Required** The registered person is required to ensure that all staff attend suitable fire prevention training and participate in a recent fire drill.	Within 28 days of the date of this report
C19	24 (2) (a)	**Findings** Many areas of the establishment required refurbishment, redecoration and repair. **Action Required** The registered person is required to ensure that the premises are kept in a good state of repair internally.	An action plan of how this area will be addressed must be received by HIW within 28 days of the date of this report

Standard	Regulation	Requirement	Time scale
C22, M7 & M8	24 (2) (d)	**Findings** An urgent review of bedroom window handles and other ligature points was required throughout the hospital **Action Required** 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 a risk assessment and action plan with specific timescales must be formulated in relation to the management of the risk identified.	An action plan of how this area will be addressed must be received by HIW within 14 days of the date of this report
C15, C27, M6 & M47	17 (2) (a) 18 (2) (b)	**Findings** A number of staff had not attended recent training in infection control, PoVA, equality & diversity, food safety awareness, health & safety, manual handling, child protection and the Mental Health Act 1983. **Action Required** The registered person is required to ensure that all staff attend training in infection control, PoVA, equality & diversity, food safety awareness, health & safety, manual handling, child protection and the Mental Health Act 1983.	Within 28 days of the date of this report

Standard	Regulation	Requirement	Time scale
M5	17 (1) (a)	**Findings** There were a number of occasions noted when it was documented that leave had to be cancelled due to staff shortages. In addition, there was a patient who had clearly been given escorted community access and this had not occurred for some months. Inspection Manager was informed that this was due to insufficient staff being available. **Action Required** An review of the leave arrangements must be undertaken for each patient as a matter of urgency. A report and action plan is to be formulated of how the registered provider intends to address this very unsatisfactory situation. A copy of the report is to be sent to HIW	Within 28 days of the date of this report
M28	15 (2)	**Findings** An internal audit had been undertaken by Craegmoor in relation to the area of patients' monies and a number of recommendations were made. **Action Required** The registered person is required to ensure that all the recommendations identified within the audit report are fully implemented.	Within 28 days 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
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Standard	Recommendation
C7, C9 & C11	All staff including medical practitioners, to read the policies and procedures relevant to their area of work and sign a statement to this effect.
C13	All staff should be vaccinated against blood borne viruses.
C22 & M32	The critical event policy should be reviewed to access the post incident processes for the inclusion of debriefing and lessons learnt
M14	The medication regime and the known side effects and risks should be fully recorded and explained to the patients.
M25	There was a lack of evidence of patient and family input within the care documentation.
M42	Patients detained under the Mental Health Act 1983 should have their rights read to them a minimum of monthly.