

**Coed Du Hall
Independent Hospital
Nantalyn Road
Rhydymwyn
Nr Mold
Flintshire
CH7 5HA**

Inspection 2010-2011

Healthcare Inspectorate Wales

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16 November 2010	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with 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. 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 Coed Du Hall hospital on 16 November 2010 by an inspection manager, one independent healthcare reviewer and one Mental Health Act reviewer. The hospital was first registered in August 1994 and is currently registered to provide a service for 22 patients aged 18 and over with functional mental illness or learning disabilities, including those who may be detained under the Mental Health Act 1983. The accommodation was provided in three separate but interconnected units:

- Ash provided assessment and treatment for seven female patients.
- Beech provided assessment and treatment for five male patients.
- Cedar provided rehabilitation for ten males and females.

Coed Du Hall is located on the outskirts of the village of Rhydymwyn, on the A541 between Mold and St Asaph in North Wales. The hospital is located in a rural position on the site of a previous NHS hospital. There is a local bus service to the end of the road and adequate patient transport to enable patients to access the local community.

As part of the inspection process the registered provider submitted a completed self-assessment form and an extensive range of supporting documentation to demonstrate how they meet the National Minimum Standards For Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the manager, the deputy manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

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

- A comprehensive statement of purpose and service users' guide. In addition, patients were also given a service users' handbook.
- A system of care documentation that included a history of the patient, Care Programme Approach records and individualised care plans that were evaluated on a monthly basis. In addition, there were risk management plans in place, however, the plans were not routinely reviewed a minimum of every three months. Also the bedroom of one patient who was at risk of absconion was located near an entrance that did not have an alarm system to alert staff if the door was open. This could be a particular risk at night time. There was no care plan available for a patient who was on Section 17 leave. Patient notes were not integrated into a single multi-disciplinary record and there were separate sections for the responsible clinician, occupational therapist and psychologist to record information. There was also a lack of evidence

that patient's views about their care and treatment were taken into account including the medication regime and known side effect and risks being fully recorded and explained to patients.

- An extensive range of policies and procedures with the date of formulation and anticipated review, however some policies were well past their review date and there was no record that staff routinely read the policies and procedures relevant to their area of work and sign a statement to this effect. The policy and procedure to ensure effective communication between staff did not address the area of conducting nursing handovers between shifts.
- A staff training programme was in place and this covered a range of topics including: fire prevention, manual handling, first aid, respect, health and safety, food hygiene and the Protection of Vulnerable Adults (PoVA). However, a significant number of staff had not attended training in the Mental Health Act 1983, child protection, what constitutes a complaint and the procedures for dealing with complaints.
- A range of activities/therapies were on offer including; cookery, budgeting, art and craft, pottery, bingo, table tennis, pool and a number of recreational activities including trips to the theatre, shopping to Mold and Wrexham and holidays to Blackpool and Windermere. A number of patients that were spoken with were satisfied with the range of activities provided at the establishment.
- A number of areas had been subject to audit including; infection control, person centred care plans, Mental Health Act compliance, complaints and pharmacy. However, the audit programmes did not include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.
- A patient survey was commenced in October 2010 and there was an analysis of the results available.

There was clear evidence that the management of specific patient conditions took account of the National Institute for Health and Clinical Excellence (NICE) guidelines.

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. Feedback also indicated that patients felt safe and secure and there was clearly a good rapport between patients and staff.

An advocacy service was available and an advocate visited the hospital on a frequent basis, details of the advocacy service were displayed on some but not all of the wards. In relation to the area of complaints the procedure was not displayed on Cedar ward.

Patient information leaflets were available on patient rights; however, there were no patient leaflets available on responsibilities, medication and therapies.

The catering service for patients provided three meals a day and choice and variety was evident and specific dietary requirements were catered for. Breakfast was observed to be served until 11:30am and lunch was served at 1:00pm and the evening meal was served at 5:00pm. The two main meals were served very close together and this could limit the amount of time that patients have to attend external recreational and social activities. Fruit and hot drinks were available on demand and a '*silver*' award had been achieved by the establishment.

In relation to the environment, generally this was comfortable with extensive personalisation of individual patient bedrooms. However, a number of areas of Ash and Beech required redecoration and refurbishment. The registered provider is required to produce an action plan of how this area will be addressed. In addition, Ash and Beech had dirty floors and carpets, tables were stained and had ingrained food on them and bathrooms and toilets required refurbishment. In terms of infection control the inspectors observed on Ash ward that used towels and clothing were on the bathroom floor and towels were stacked on the lid of the yellow bin. There was also an issue around external doors that were not alarmed, therefore patients could leave the building and staff would not necessarily be aware that patients had left.

There was a nurse call system in some parts of the hospital but this did not extend to the lounges and activity area. There were no child friendly visiting facilities available at the establishment. The hospital was located in very pleasant grounds; however some areas such as the back entrance opposite the 'Hall' were littered with cigarette ends and required a clean.

In relation to patient records these were being stored in the 'Hall.' This area was damp with very limited heating available. The storage of patient information in this area is completely unsatisfactory and must be located before the paperwork deteriorates to an unacceptable standard.

The patient telephone was located in the corridor and this did not give patients a sufficient level of privacy for telephone calls.

There was a lack of information for staff in relation to the Mental Health Act 1983 and there were no copies of the following information within the hospital:

- The Mental Health Act 1983.
- Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983.
- Mental Health (Patients in the Community) Act 1995 – Guidance on Supervised MHA 1983 Memorandum on Parts 1 to V1, VIII and X.

The Inspection Manager was informed that the last fire drill was undertaken in early 2010, however, there was no record of this drill. Training in fire prevention had been undertaken by the majority of staff; however, some of the newly appointed staff had not attended this training.

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

Achievements and Compliance

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

In relation to achievements the appointment of an occupational therapist had considerably improved the range of therapeutic, recreational and social activities available for the patient group.

Registration Types

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

Description
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 total number of persons accommodated at any one time in the hospital must not exceed twenty-two (22).	Compliant

Assessments

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. 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, 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 almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients 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 inspected
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 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 inspected
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses.	Standard met
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard met
C16	Patients have access to an effective complaints process.	Standard almost met
C17	Patients receive appropriate information about how to make a complaint.	Standard almost 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

Number	Standard Topic	Assessment
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 inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard not inspected
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard not inspected
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard not inspected
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 almost 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 inspected

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 almost 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
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard met
M10	Responsibility for pharmaceutical services.	Standard not inspected
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 not met
M15	Patients with developmental disabilities.	Standard met
M16	Electro-Convulsive Therapy (ECT).	Standard not inspected
M17	Administration of medicines.	Standard not inspected
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 almost met
M23	Empowerment.	Standard almost 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 almost met
M28	Patients' money.	Standard not inspected
M29	Restrictions and security for patients.	Standard met
M30	Levels of observation.	Standard not inspected
M31	Managing disturbed behaviour.	Standard met
M32	Management of serious/untoward incidents.	Standard met
M33	Unexpected patient death.	Standard not inspected
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 met
M43	Seclusion of patients.	Standard not inspected
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 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. 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 & M14	15 (1)	<p>Findings</p> <p>There was also a lack of evidence that patient's views about their care and treatment were taken into account including the medication regime and known side effect and risks being fully recorded and explained to patients.</p> <p>Action Required</p> <p>The registered person is required to ensure that it is clearly documented that patient's views about their care and treatment were taken into account.</p>	Within 28 days of the date of this report.
C4 & M4	16 (1)	<p>Findings</p> <p>The audit programmes did not include: monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p> <p>Action Required</p> <p>The registered person is required to ensure that the audit programmes include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p>	Within three months of receiving this report.
C7 & M25	8 (3) (c)	<p>Findings</p> <p>A number of policies and procedures had not been reviewed within the required timescale and required up-dating.</p>	Within three months of the date of this report.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that all policies and procedures are reviewed at intervals of not more than three years and where appropriate, prepare and implement revised policies and procedures.</p>	
C16, M5 & M47	17 (2) (a)	<p>Findings</p> <p>A significant number of staff had not attended training in the Mental Health Act 1983, child protection, what constitutes a complaint and the procedures for dealing with complaints.</p> <p>Action Required</p> <p>The registered person is required to ensure all staff receive training in the Mental Health Act 1983, child protection, what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report.
C19	24 (4) (c) & (d)	<p>Findings</p> <p>Newly appointed staff had not attended recent training in fire prevention and there was no record of a recent fire drill being undertaken.</p> <p>Action Required</p> <p>The registered person is required to ensure that all staff attend suitable fire prevention training and participate in a recent fire drill. A record of these drills must be maintained.</p>	Within 28 days of receiving this report.
C22, M7 & M8	15 (1) 24 (2) (d)	<p>Findings</p> <p>Risk management plans were in place, however, the plans were not routinely reviewed a minimum of every three months. Also the bedroom of one patient, who was at risk of absconsion, was located near an entrance that did not have an alarm system to alert staff if the door was open. This could be a particular risk at night time.</p>	Within 28 days of receiving this report.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure risk management plans are reviewed a minimum of every three months. Also all entrances must have a suitable alarm system to alert staff if the door was opened. This could be a particular risk at night time.</p>	
C22	24 (2) (b)	<p>Findings</p> <p>There was a nurse call system in some parts of the hospital but this did not extend to the lounges and activity area.</p> <p>Action Required</p> <p>The registered person is required to ensure a nurse call system is installed throughout all patient care areas.</p>	An action plan must be received within 28 days of receiving this report of how this area will be addressed.
C27	14 (6)	<p>Findings</p> <p>In terms of infection control the inspectors observed on Ash ward that used towels and clothing were on the bathroom floor and towels were stacked on the lid of the yellow bin.</p> <p>Action Required</p> <p>The registered person is required to ensure that suitable arrangements are in place to minimise the risk of infections.</p>	Immediate and on-going.
C31	8 (1) (f) 20 (1) (b)	<p>Findings</p> <p>Patient records were being stored in the 'Hall.' This area was damp with very limited heating available. The storage of patient information in this area is completely unsatisfactory and must be relocated before the paperwork deteriorates to an unacceptable standard.</p>	Immediate and on-going.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that patient records are stored in an appropriate environment to ensure that they are retained for the required period of time.</p>	
M44	15 (1)	<p>Findings</p> <p>There was no care plan available for a patient who was on Section 17 leave.</p> <p>Action Required</p> <p>The registered person is required to ensure that care plans are available for all patients on Section 17 leave.</p>	Immediate and on-going.
	24 (2) (b)	<p>Findings</p> <p>There was no child friendly visiting area within the establishment.</p> <p>Action Required</p> <p>The registered person is required to provide a child friendly visiting area within the establishment.</p>	An action plan of how this area will be addressed to be sent to HIW within 28 days of receiving 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
C7	All staff should read the policies and procedures relevant to their area of work and sign a statement to this effect.
C17	The complaint procedure should be displayed on all wards within the hospital.
M2	The policy and procedure to ensure effective communication between staff should address the area of conducting nursing handovers between shifts.
M22	Patient notes should be integrated into a single multidisciplinary record.

M23	Patient information leaflets should be devised on responsibilities, medication and therapies.
M23	Details of the advocacy service should be displayed on all wards of the hospital.
M27	There should be provision to maintain privacy when using the public payphone.
M41	<p>Copies of the following documents should be available in each of the clinical areas:</p> <ul style="list-style-type: none"> • The Mental Health Act 1983. • Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983. • Mental Health (Patients in the Community) Act 1995 – Guidance on Supervised MHA 1983 Memorandum on Parts 1 to V1, VIII and X.

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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