Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

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

Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
13 December 2010	Mr John Powell accompanied by one assistant inspection manager, one HIW reviewer and a Mental Health Act reviewer

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 Standard's,* 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 on 13 December 2010 by an Inspection Manager, an assistant inspection manager, HIW reviewer and Mental Health Act reviewer.

The hospital was first registered on 29 June 2009 and is currently registered for sixteen (16) patients (eight male and eight female patients) over two separate eight bedded units. Rushcliffe Independent Hospital provides a rehabilitation service for patients who may be detained under the Mental Health Act 1983.

Further details in relation to the various categories of admission are listed within the conditions of registration section of this report.

As part of the inspection process the registered provider submitted a completed self assessment form and supporting documentation to demonstrate how they met the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focussed upon the examination of a range of documentation including patient records and discussion with the registered 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.

A number of key areas were considered within the inspection process including; risk assessments, catering, environment of care, staffing, internal quality monitoring and governance processes.

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

- A comprehensive statement of purpose. However, during the inspection on 13 December it was observed from the staffing rota's, that on a number of occasions the minimum staffing levels detailed within the statement of purpose were not being met. It was hoped that a recent recruitment drive which appointed 4 new members of staff would address this and in addition staff morale may be improved.
- Although at the time of the inspection the documentation was in the process of being updated, a patient guide was also available and included information regarding patient's rights and the therapies available.
- Care documentation and risk assessments for each patient were available and a random sample of patient documentation was examined during the inspection.
- It was observed that consent to treatment forms were signed and dated, weekly risk assessments were being undertaken and care plans had been signed and agreed by the multi-disciplinary team. Unfortunately there were examples whereby:

- the care plans and sections within them such as that for social needs had not been evaluated as per the date for next review so it was impossible to establish if indeed these areas had been reviewed. It must be recognised by members of staff that all entries are made in a timely and efficient manner and the relevant and updated section of the care plan is implemented as appropriate for the patient. In addition, the correct arrangements regarding one patient's Section 17 leave did not tally with the care plan.
- the risk assessment documentation did not reflect the patients views; and
- there was no evidence to suggest that patients had access, or were registered with a dentist to receive treatment and this will need to be facilitated.

- A policy/procedure for dealing with patient complaints was available and in addition a record of the complaints received was inspected. The record of complaints was comprehensive and detailed the complaint made, investigation and outcome as well as any action taken.
- A staff complaints procedure and whilstleblowing procedure was also in place although discussion with staff indicated that the correct procedures for making a complaint were not always followed.
- An extensive range of policies and procedures with the date of formulation and review were available. There was also a lack of documentation to confirm that all staff had routinely read the policies and procedures and signed a statement to this effect.
- There was evidence of an Induction Training Programme being in place which covers issues of health and safety, fire safety and the Protection of Vulnerable Adults, although not all staff had attended all of the sessions. In addition, when questioned, some staff reported of working without having undertaken a formal induction and others were unsure as to what training they had received. There was no evidence to demonstrate training had been undertaken with regard to areas such as child protection, resuscitation and meeting the needs of people with sensory impairment and this will need to be addressed in addition to updating the Mental Health Act Training previously

undertaken in 2009. A process whereby joint programmes of staff training and the use of policies and procedures within training programmes would also be beneficial, specifically around the code of practice.

- Staff records were observed and appeared in good order although scheduling of regular supervision meetings for all members of staff should be implemented. In addition, there did not seem to be a clear record of staff having received the required vaccinations.
- Patients have individual programmes of activities and access to a generic programme. The occupational therapist who was well motivated and enthusiastic reviews the programme every 6 weeks however, it was noted that there had been a delay in introducing activities that might engage all of the patients although the newly introduced shop and cook sessions were proving popular. Contrary to this however, a number of patients who were spoken with were generally critical of the activities. In light of this it may prove constructive to incorporate other therapeutic approaches in addition to those activities which are patient driven. Furthermore, it was noted that there were no evening or weekend activities provided.
- Correct procedures regarding consent to treatment (part 4) had not been followed for one patient.

The following observations were made in relation to the environment of care;

- The environment was well maintained and very clean, spacious and airy. Furnishings were of a good standard and there were good facilities indoors with regard to a TV room and other activities. There was access to the outdoors however no other facilities except for the smoking shelter and access to the pet rabbit. It was also noted that there were currently no child friendly visitor facilities available at the hospital.
- Patients had free access to their rooms but did report that they felt there was a lack of privacy to their rooms as the door blinds were always at the open position. Inspectors also observed that the blinds could not be closed from inside the room which needs to be rectified to bring this in line with appropriate dignity and respect procedures.

- Ligature risks were observed in some of the bedrooms and throughout the establishment. Since the inspection confirmation has been received at HIW that a full environmental ligature point risk assessment has taken place and action should be taken to address this issue.
- Feedback from patients was positive in relation to the attitude, interaction and support received from staff and patients felt there were treated with dignity and respect.
- Choice and variety were evident with regard to the catering provided and patients said the quality of food was very good and snacks were always available.
- In relation to the area of medicines management, an overview of the ordering, storage, use and disposal of medicines was undertaken. A large stock of medication was in storage for several patients however, the patients were no longer prescribed the medication. There were errors within the prescriptions whereby one script had been amended; another had the same medication written in twice; there were at least three incidents whereby the dosage of the medication did not tally with that on the script and other medication was out of stock and had never been re-ordered. Blood specimen bottles were also noted to have passed their date of expiry and a 2009 version of the BNF was also still in use. Following discussions around these issues, the registered persons were required to make immediate changes to remedy the situation.

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

Achievements and Compliance

Within the previous inspection report 3 regulatory requirements had been identified, an action plan had been received and 3 of the requirements had been addressed.

Registration Type

This registration is granted according to 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	Only persons diagnosed with schizoaffective disorder, or bipolar disorder or schizophrenia may be accommodated at the establishment. Only persons over the age of 30 (thirty) years may be treated in the establishment. A maximum of 16 (sixteen) persons can be accommodated in the establishment overnight.	Compliant
2	Each eight 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. 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.	Compliant
3	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.	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 almost met

Number	Standard Topic	Assessment
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 inspected
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard not inspected
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 clears line of accountability for the delivery of services.	Standard not inspected
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 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 inspected
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 not inspected
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

Number	Standard Topic	Assessment
C23	The appropriate health and safety measures are in place.	Standard not inspected
C24	Measures are on 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 not met
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 not inspected
C28	Patients are not treated with contaminated medical devices.	Standard not inspected
C29	Patients are resuscitated appropriately and effectively.	Standard almost met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard not inspected
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard not inspected
C32	Patients are assured of appropriately completed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard not inspected
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 not assessed
M3	Patient Confidentiality.	Standard not assessed
M4	Clinical Audit.	Standard not assessed
M5	Staff Numbers and Skill Mix.	Standard not met
M6	Staff Training.	Standard almost met

Number	Mental Health Hospital Standards	Assessment
M7	Risk assessment and management.	Standard almost met
M8	Suicide prevention.	Standard not assessed
M9	Resuscitation procedures.	Standard almost met
M10	Responsibility for pharmaceutical services.	Standard almost met
M11	The Care Programme Approach/Care Management.	Standard met
M12	Admission and assessment.	Standard not assessed
M13	Care programme approach: Care planning and review.	Standard 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 almost 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 met
M26	Anti-discriminatory Practice.	Standard met
M27	Quality of Life for Patients.	Standard almost met
M28	Patient's Money.	Standard not assessed
M29	Restrictions and Security for Patients.	Standard not assessed
M30	Levels of observation.	Standard not assessed
M31	Managing disturbed behaviour.	Standard not assessed
M32	Management of serious/untoward incidents.	Standard not assessed
M33	Unexpected patient death.	Standard not assessed

Number	Mental Health Hospital Standards	Assessment
M34	Patients absconding.	Standard not assessed
M35	Patient restraint and physical interventions.	Standard not assessed
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 almost met
M43	Seclusion of Patients.	Standard not assessed
M44	Section 17 Leave.	Standard almost met
M45	Absent without Leave under Section 18.	Standard not assessed
M46	Discharge of Detained Patients.	Standard not assessed
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.	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
M5	17(1)	**Findings**: Staffing levels were not in accordance with the minimum staffing as defined in the statement of purpose. **Action required**: 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.	Immediately and ongoing.
C2	14 (1)a	**Findings** Care plan documentation did not reflect that certain sections had been evaluated/updated as per the date shown. There was no evidence of patients having access or being registered with a dentist. **Action Required** The registered person is required to ensure that patients receive timely, appropriate and accurate assessment and diagnosis of their health needs.	Immediately and ongoing.

Standard	Regulation	Requirement	Time scale
M7	15 (3)	**Findings** The risk assessments that were observed during the inspection did not reflect or document any patient views. **Action Required** The registered person is required to ensure that the risk assessment documentation reflect the views of the patient.	Immediately and ongoing.
M44	14 (1)	**Findings** The arrangements regarding one patient's Section 17 leave did not tally with the care plan. **Action Required** The registered person is required to ensure that records are maintained and kept up-to-date.	Immediately and ongoing.
M42	8 (2) 14 (1)a 15 (1)	**Findings** Correct procedures regarding consent to treatment (part 4) had not been followed for one patient. **Action Required** The registered person is required to prepare and implement policies and procedures to be followed.	Since the inspection HIW has received evidenced that the correct procedures have been implemented and the patient safeguarding issues have been adhered too.
C3 C29 M6 M9 M47	17 1(a)	**Findings** Staff training was required in the use of: - child protection - resuscitation - needs of people with sensory impairment - Mental Health Act Training (update).	Within 3 months of receiving this report.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to ensure that all members of staff receive training in child protection, resuscitation, needs of people with sensory impairment, Mental Health Act.	
C13	14 (6)	**Findings** No clear record of staff having received any vaccinations. **Action Required** The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff (including medical practitioners with practising privileges).	Within 3 months of receiving this report.
M27	15 (1) 16 (1) (2) (3)	**Findings** Patients were generally critical of the activities and the lack of them. **Action Required** The registered person is required to conduct a review of the activities provided for patients to ensure the proper provision to enable patients to make decisions about matters affecting their care is taken account of. A copy of this review is to be submitted to HIW.	Within 3 months of receiving this report.
C22	43(1)c	**Findings** Ligature risks were observed in some of the bedrooms and throughout the establishment.	A copy of the ligature risk assessment was received at HIW on the 5 January 2011.

Standard	Regulation	Requirement	Time scale
		Action required The registered person is required to ensure that risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	An action plan to address the risks is to be formulated and sent to HIW within 28 days of receipt of this report.
C25 C24 M10 M17	14 (5)	**Findings** - A large stock of medication was in storage for patients who were no longer prescribed the medication; - there were errors within the prescriptions; - one entry on a script had been amended; - the dosage of medication did not always tally with the scripts; - some medications had not be re-ordered; - blood specimen bottles were passed the date of expiry; and - a 2009 version of the BNF was still in use. **Action required** The registered person is required to ensure that medicines are handled in a safe and secure manner and in line with up-to-date clinical reference material.	Immediate and ongoing.
	17 (2)a	**Findings** Scheduling of regular supervision meetings for all members was not evident from the staff records observed at the time of inspection. **Action Required** The registered person shall ensure that each person employed in or for the purposes of the establishment receives appropriate training, supervision and appraisal.	Within 3 months of receiving this report.

Standard	Regulation	Requirement	Time scale
	15 (4)a	**Findings** The vision panels on the patient bedroom doors were always at the open position and could not be closed from inside the room which needs to be rectified to bring this in line with appropriate privacy and dignity procedures. **Action Required** The registered person is required to ensure the patients' privacy and dignity is respected at all times.	Within 28 days of receiving this report.
	24 (2)b	**Findings** It was noted that there were currently no child friendly visitor facilities available at the hospital. **Action Required** The registered person is required to ensure that the size and layout of rooms are suitable for the purposes for which they are to be used and are suitably equipped and furnished.	Within 3 months 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 to read the policies and procedures relevant to their work area and sign a statement to this effect.