agic Arolygiaeth Gofal Iechyd Cymru

Healthcare Inspectorate Wales hiw

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

A review of care provided to patients with a learning difficulty or mental health issue at:

Coed Du Hall Independent Mental Health Hospital

Date of visits: 11 August, 31 October and 1 November 2011

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1. Introduction and Background

1.1 Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

1.2 Independent healthcare[1] providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at www.hiw.org.uk.

1.3 In May 2011, the BBC's investigative television series *'Panorama'* broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme understandably gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

1.4 The focus for the reviews was to ensure that individuals accessing such services are:

- Safe.
- Cared for in a therapeutic, homely environment.
- In receipt of appropriate care and treatment from staff who are appropriately trained.
- Encouraged to input into their care and treatment plans.
- Supported to be as independent as possible.
- Allowed and encouraged to make choices.

[1] Independent healthcare – services not provided by the health service.

- Given access to a range of activities that encourage them to reach their full potential.
- Able to access independent advocates and are supported to raise concerns and complaints.
- Supported to maintain relationships with family and friends where they wish to do so.

1.5 As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between patients and staff. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including patient care plans, policies and procedures, staff induction and training plans and complaint, restraint and incident records. HIW uses a range of expert and lay reviewers for the inspection process including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983.

Coed Du Hall

1.6 Coed Du Hall independent hospital was first registered with HIW in April 2004 and at the time of our visit was registered to provide care to twenty two (22) patients on three wards. The hospital offers a service for the treatment and nursing of patients with a learning disability and functional mental illness who may also be detained under the provisions of the Mental Health Act 1983[2].

1.7 HIW undertook an unannounced visit to Coed du Hall on 11 August 2011. This was followed up by further unannounced visits on the 31 October and 1 November 2011.

[2] Mental Health Act 1983 – legislation that governs the treatment of people with a mental disorder, which is defined as covering mental illness, personality disorder and learning disability.

1.8 The findings arising from the visits are set out Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 4 of this report sets out HIW's requirements for action.

1.9 Following each of our visits detailed verbal feedback was given at the end and this was followed by a letter to the registered provider and manager detailing regulatory breaches.

2. Our Findings

2.1 The terms of reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services[3] would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

> ***'Were those accessing services at the time of our visit safe?'***

is considered in Section 3 of this report, where we present our conclusions and next steps. This question can only be answered when we have given careful consideration to the answers to the questions below:

> ***Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?***

2.2 At the time of our visits patients were being cared for on all three wards; a male ward, a female ward and a mixed gender ward.

Ash Ward

2.3 The female ward had seven beds and was bright and airy, although it lacked pictures on the walls. There was adequate space and at the time of our visit the ward had been recently redecorated. The ward had individual patient bedrooms, that were personalised and in the main the layout of the ward provided easy observation. During our first visit we were concerned about the lack of an adequate nurse call system throughout the hospital, and this was rectified by the time of our second visit.

[3] Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

Beach Ward

2.4 At the time of our visit five male patients were being cared for on Beach Ward and environmentally the ward had been substantially improved between our visits including a considerable amount of redecoration. Most of the items inappropriately stored on the ward had been removed between our visits and this had improved the environment significantly. There were pictures and some art work on the walls of the ward.

Cedar Ward

2.5 Cedar Ward was a mixed gender ward of 10 beds, four being self-contained flats. The environment here was bright and airy with pictures on the walls. We were concerned that the water for baths was not warm enough.

2.6 Work was on-going in relation to the installation of a nurse call system for patients, the registered provider is required to ensure that a nurse call system is installed throughout all patient areas of the establishment and all entrances must have a suitable system to alert staff in the event that the door is opened. In addition a preventative, maintenance, refurbishment and redecoration programme is required for all parts of the establishment. A further concern throughout the hospital was that some of the furniture in lounges was not appropriate for those with physical disabilities.

Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately trained?

Audit

2.7 There was a limited process of audit in place but these did not include a comprehensive system of audit for the functioning of the multi-disciplinary team.

Staff Numbers

2.8 Our visits highlighted that staffing numbers are adequate with a range of mental health, learning disability and general trained nurses. There are normally five registered nurses on duty and a minimum of two after 4.00pm. The registered manager and deputy manager were supernumery and not included within the staffing rota. At the time of our initial visit Ash ward had seven patients and four staff; Beach ward had three patients and two staff; Cedar ward had 10 patients and four staff.

2.9 We were concerned at the lack of qualified psychology input to the hospital and the manager needs to ensure that the psychology graduate, not clinically qualified, should be properly supervised. Since our visit, we have been informed that the psychology graduate was employed as a behavioural technician, delivering behavioural data and analysis and not psychological therapies.

2.10 Patients and staff were observed to interact well and staff had a good rapport and with patients, displaying a calm and friendly approach.

Staff Training

2.11 We interviewed 10 staff during our visits and found the level of experience to be good with mandatory training in place and a training officer available. We also examined staff employment records which included details of the training undertaken by a range of staff. The training records are monitored by the deputy manager and a process for ensuring individual training needs were being met was in place. However, the identification of training needs was not linked to annual staff appraisals.

2.12 Staff interviewed told us that their training needs were being met and that they were looking forward to further training in care planning and development of rehabilitation for patients. The evaluation of the skills and developmental training of the occupational therapist and technicians was also an integral part of the training and developmental process for the hospital.

2.13 In some cases communication between registered nurses and health care assistants could be improved and we would like to see more opportunities for them to work together on daily tasks. This might require a review of how paperwork could be managed more efficiently to allow nurses more time to lead, direct and work alongside health care assistants.

2.14 Supervision sessions were being undertaken particularly for registered nurses and other professionals, although supervision needs to be more regular and consistently applied for health care assistants.

2.15 The preceptorship scheme for newly registered nurses is well established and we found it to be well presented with clear objectives and timescales.

2.16 Annual staff appraisals were not being carried out routinely. They need to be an integral part of the training programme and should be important in setting goals and monitoring staff skills and attitudes towards patients.

2.17 The registered provider should ensure that staff working in different professions, such as unqualified psychologist, are properly supervised by a person who is qualified to maintain good practice.

Staff Records

2.18 We reviewed a sample of staff records and found a lack of evidence of written references from the individuals' two most recent employers; documentary evidence of any relevant qualifications; a full employment history and confirmation of a person's registration with the appropriate body, for example, the General Medical Council (GMC) and an agreement regarding practising privileges for medical practitioners. HIW subsequently received confirmation that the issues regarding staff records had been addressed.

Policies and Procedures

2.19 A range of policies and procedures were available and there was evidence that staff were aware of these and had knowledge of where to locate them in the event of needing to refer to them.

> ***‘Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?***

Review of Care Planning Documentation

2.20 We reviewed care planning documentation and found that they were generally maintained well and generally contained relevant information to inform care and treatment. There was a comprehensive record of personal and contact details in all files. However, the registered provider should ensure that care plans are reviewed regularly and that, in view of some patients having physical disabilities, these needs should be clearly indentified in care plans.

2.21 We found evidence of patients’ personal needs and wishes being reflected in care plans and that patients were encouraged to sign their care plans. In a few cases it was noted that patients had refused to sign. There was evidence that patients’ families are included in the care planning process and are invited to care planning reviews where appropriate. There was documentation to confirm that registered nurses spend time discussing care plans with patients and this is supported in regular one-to one meetings.

2.22 There was evidence in the care documentation of risk assessments being carried out in relation to self harm, absconding and aggression, and any incidents of such behaviour was well documented.

2.23 There were references in the documentation we examined to patients being seen by their community care co-ordinator[4] and families being invited to Care Programme Approach (CPA) review meetings.

> ***'Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential ?'***

Patient Activities

2.24 We discussed a range of issues with patients focusing on whether they felt safe, properly supported and whether they felt there was a sufficient range of activities on offer. Generally patients told us that they felt able to talk to staff and stated that they are well cared for in a safe environment with a range of activities available.

2.25 There was a good range of therapeutic activities available to patients, relaxation groups, cooking, bingo, DVD sessions, and they were helped to make visits to the community, both unescorted and escorted as appropriate. Two minibuses had recently been purchased and were being used regularly. We were pleased to learn that an *'Active Approach'* is being developed to allow more individual choice for patients.

2.26 Patients were generally able to move about freely and to access the extensive garden areas.

Catering

2.27 Patients and staff spoke highly of the standard of food. Choices were available and fresh fruit and snacks could be accessed.

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[4] Community Care Co-ordinator - A qualified health or social care professional who designs and oversees a care plan as part of the CPA.

2.28 There is a daily breakfast club for all patients, where they can come together to prepare their own breakfast. The rehabilitation kitchen was also used extensively by patients.

'Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?'

Advocacy, Concerns and Complaints

2.29 Advocacy was regularly available and patients were able to make an appointment by telephone. The advocate accompanied patients to case reviews and mental health review tribunals and also helped patients to make complaints.

2.30 Staff were clear about their duty to help patients to make complaints and patients interviewed were confident of receiving help from staff.

2.31 Patients were provided with information, including appropriate leaflets on their rights under the Mental Health Act 1983. Easy read material was available and staff discussed information around care and medication in private meetings with patients.

2.32 Staff and patients were complimentary about the open door policy adopted by the manager and during our visits we observed this access being used many times by individuals who wanted to ask questions or seek reassurance.

'Were those accessing services at the time of our visit supported to maintain relationships with family and friends where they wish to do so?'

Support for Patients to Maintain Contact with Family and Friends

2.33 Patients were encouraged to telephone family and friends, although we did note that the telephone is placed in an area where conversations could be easily overheard.

2.34 Patients were given assistance, subject to leave if detained, to visit families. Families and friends were encouraged to visit the hospital.

3. Conclusion

'Were those accessing services at the time of our visit safe?'

3.1 HIW's visit undertaken on 11 August, 31 October and 1 November 2011 and identified some significant regulatory breaches and concerns.

3.2 Immediately following our first visit HIW sent a letter to the registered provider which outlined the issues that required urgent action. In response to our letter the registered provider submitted an action plan to HIW.

3.3 The action taken by the registered provider in response to the requirements included:

- Replacing the nurse call system and submitting a maintenance and redecoration programme.
- Ensuring that proper documentation including references was available when staff were appointed.
- The implementation of some audits relating to the buildings and clinical issues.

3.4 Whilst there are a number of significant issues identified in the report following the letter sent to Coed Du, the registered provider has formulated and implemented a number of action plans. Improvements were noted during our second visit and these must be sustained. A revised action plan should be drawn up in response to this report.

4. Requirements

4.1 The requirements set out below address any non-compliance with the Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the *'registered person'* who, as set out in the legislation, includes both the registered provider and/ or the registered manager for the establishment or agency. The registered person must provide an action plan confirming how they intend to put right the required actions. HIW will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
12 & 22	9 (1) (k), 19 (1) (b) & 26 (2) (a)	2.5 & 2.6	The registered provider is required to ensure that a nurse call system is installed throughout all patient areas of the establishment and all entrances must have a suitable system to alert staff in the event that the door is opened. In addition a preventative maintenance, refurbishment and redecoration programme is required for all parts of the establishment.	HIW understands that the nurse call system and alert system for doors has been installed, however a comprehensive preventative maintenance, refurbishment and redecoration programme is required by 28 February 2013.
24	21 (2) (d)	2.18	The registered provider must ensure that all staff have full and satisfactory information or documentation available including:	Immediate and on-going.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
			written references from each of the person's two most recent employers; documentary evidence of any relevant qualifications, a full employment history; confirmation of a person's registration with the appropriate body, for example the General Medical Council and an agreement regarding practising privileges for medical practitioners.	
1	19 (1) (a)	2.7	The registered provider must introduce a comprehensive system of audit that includes an on-going audit of building defects, hazard reporting and repair response times and an agreed programme of multi-disciplinary team audit. Following implementation of the audits a copy of the findings to be sent to HIW.	A complete system of audits to be introduced by 28 February 2013 and following implementation of the audits a copy of the findings to be sent to HIW
12	26 (2) (a)	2.6	The registered provider should ensure that seating in patient areas is fit for purpose, bearing in mind that some patients have physical difficulties.	Immediate and on-going.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
8	15 (1) (a) (b) & (c)	2.20	The registered provider should ensure that care plans clearly identify physical needs of patients and that the plans are reviewed regularly.	Immediate and on-going.
24	20 (2) (a)	2.14 & 2.16	The registered provider should ensure that all staff have regular supervision and annual appraisals to identify training and developmental needs and to measure quality of care.	Immediate and on-going.
24	20 (2) (a)	2.17	The registered provider should ensure that staff working in different professions, such as the unqualified psychologist, is properly supervised by a person who is qualified to maintain good practice.	
24	15 (1) (a) & (b) and 20 (2) (a)	2.13	The registered provider should ensure that nurses are given enough time to work closely with support workers in daily care of patients and to develop further the rehabilitation of patients.	

5. Next Steps

5.1 Further visits will be undertaken by HIW to Coed Du Hall hospital and compliance against the regulations and action plan will be further assessed.

5.2 In addition to this report the registered provider is now required to send an updated action plan to HIW addressing all the regulatory areas identified within this report within two weeks.