

Mental Health/ Learning Disability Inspection (Unannounced)

Rushcliffe Hospital

23 – 24 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of independent 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.

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is 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 plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- 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.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability follow-up inspection to Rushcliffe Hospital, Aberavon on the evening of the 23 June and all day on 24 June 2015.

Rushcliffe (Aberavon) Independent Hospital ('Rushcliffe') was first registered on 8 July 2009 by HIW and is currently registered to provide care to sixteen (16) male patients. The hospital is registered to provide treatment or nursing (or both) for persons with a primary diagnosis of a mental illness. The hospital's registered provider is Rushcliffe Independent Hospitals (Aberavon) Limited.

During the two day inspection, we reviewed the ward, patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Peer Reviewer, one Lay Reviewer and one member of HIW staff.

4. Summary

Our visit to Rushcliffe Hospital highlighted improvement since our inspection in February 2015 however there was still the need improvement and we identified a number of areas requiring action.

There had been a number of changes to the senior management and multi-disciplinary team. Rushcliffe Hospital had appointed a new Hospital Manager in May 2015.

Environmentally we were pleased to note the very high standard of cleanliness throughout the hospital. The furnishings and decoration were a good standard and the facilities available for patients to use were very good, including a music room with instruments, games room with a pool table, a gym and two lounges. However, as with our inspection in February 2015 these facilities during our visit were under utilised with little structured activities taking place within the hospital.

The majority of mandatory training had remained out of date, however the Hospital Manager had established a programme of training that would address the deficiencies. A programme of regular staff supervision had recently been introduced.

Care planning documentation highlighted areas that require attention to ensure that staff could easily access patient information.

Throughout the visit we observed staff and patient interactions to be good.

5. Findings

Core Standards

Ward environment

Rushcliffe Hospital is situated in Aberavon on the sea front. The building is on one level and access to the hospital is via a reception area. The reception area is a large bright space with two visitor/meeting rooms and a doctors consulting room. Access to the ward is via an air lock system which leads onto an open plan atrium style space. Chairs and tables were situated in the middle of the area which is used as the patients dining area. Surrounding the dining area was the kitchen's serving hatch, nurse's office, kitchen facilities for making hot drinks and other office space.

Rushcliffe is split into two halves with eight single ensuite bedrooms in each section. It was positive to note that since our inspection in February 2015 the locks on the patient bedroom doors had been replaced which allowed all patients to be able to lock their bedroom doors from the inside; these could be over-ridden by staff if required. Patients' bedrooms were an appropriate size which they were able to personalise with their own possessions. Patients had sufficient storage within their rooms and if required there was additional locked storage facilities within the hospital that patients could utilise.

There were two lounge areas for patients, a quiet lounge which had a TV, and the main lounge, which was situated opposite the open plan atrium area with views overlooking the sea.

One bathroom was available for patients to use. The room had been fitted with mobility aids subsequent to our inspection in February which enabled some patients to bathe more independently. The bathroom door had also been repaired since our previous inspection.

Notice boards were displayed in the main lounge which contained information including a daily timetable and Multi-Disciplinary Team groups and dates. The patient community board displayed advocacy information, bus timetables and a patient feedback/suggestion box. Daily newspapers were provided for patients to read.

The environment was generally very clean. The standard of furnishings and decoration throughout was good with some pictures displayed on the walls of the corridors.

Safety

During our inspection we noted staffing levels were compliant with the minimum levels stated in the hospital's most recent Statement of Purpose dated August 2012.

Our inspection in February highlighted that there were insufficient alarms for all staff and visitors. This deficit had been addressed by the registered provider that had purchased additional personal alarms.

Throughout the inspection the hospital had a reasonably calm atmosphere. We observed staff interacting with the patients appropriately and when necessary using distraction and de-escalation techniques.

We identified an area at Rushcliffe Hospital that posed an obvious ligature risk, this was shared with the Registered Provider at the time of our inspection. This risk needs to be removed.

Requirement

The Registered Provider must ensure that the ligature risk is removed.

The multi-disciplinary team

Since our inspection in February there had be a number of changes to hospital management and the multi-disciplinary team. A new hospital manager had been appointed to Rushcliffe in May 2015 and was in the process of applying to HIW for the Register Manager role.

Two new Responsible Clinicians for Rushcliffe were due to start in July 2015 with the current Responsible Clinician leaving their post. The two new Responsible Clinicians will share the on-call duties. We had identified in February that there were insufficient on-call arrangements with the one responsible clinician effectively on-call on a 24/7 basis.

The hospital had appointed a new Occupational Therapist to fill the vacancy left by the departure of the previous Occupational Therapist 9 June 2015. However, the new occupational therapist was not in post because they were working their notice period with the current employer. In addition to the Occupational Therapist the hospital would be recruiting an Activity Co-ordinator. The new Occupational Therapist will be involved in the Activity Co-ordinator recruitment process.

The registered provider was in the process of recruiting additional Registered Nurses to Rushcliffe Hospital, with interviews scheduled to be held in June

and July. The nurse establishment for the hospital was five Registered Mental Health Nurses and two Registered Learning Disability Nurses plus the deputy manager and registered manager, both Registered Mental Health Nurses. We were informed that a preceptorship nurse was due to start in July 2015. In addition, the registered provider was in the process of recruiting to support worker posts.

Further to our inspection in February the Psychologist input to Rushcliffe Hospital had increased to four days a week.

It was evident that Rushcliffe Hospital were developing a new multi-disciplinary team and the hospital are experiencing changes. As a result staff said the meetings were continually developing because they all had different ideas. The majority of staff we spoke to commented positively on the multi-disciplinary team working and spoke of the good team spirit. Staff told us that during multi-disciplinary team meetings professional views and opinions from all disciplines are sought and staff felt their opinions were respected and valued by each other.

Requirement

The Registered Provider must update HIW on the recruitment process for the positions stated above.

Training

The newly appointed hospital manager was aware of the significant deficiencies in mandatory training highlighted identified during our inspection in February. They had developed a programme of staff training for the forthcoming months to address the lack of training that had been received by hospital staff.

Staff raised concerns regarding some of the training material provided by the registered provider, some of which included large sections on care for older persons and was not suitable to the patient group being cared for at Rushcliffe Hospital.

We reviewed nine sets of staff files and noted the orderly layout of the files. All the files we reviewed had wide-ranging evidence of employment information to confirm appointment through an open process, including an application form, interview notes, job description, offer letter, contract and references. Eight of the nine files reviewed had evidence that a Disclosure Barring Service (DBS) check had taken place at some point. As with our inspection in February, some of the staff files contained a DBS check that was over three years old. No evidence was presented to confirm an up to date check was in place. HIW would recommend undertaking regular DBS checks

for all staff as good practice because they provide an independent check that would enhance the organisations ability to assess a person's integrity and character.

Two of the staff files we reviewed identified that an annual appraisal had not been completed within the last year. We were informed by senior management that the remaining appraisals were due to completed within the coming month.

It was also evident that there was not regular staff supervision take place for all staff. We were informed that monthly group and individual supervision had just commenced. A system must be put in place that can monitor and record supervision compliance rates to ensure all staff are receiving regular supervision sessions.

Requirements

The Registered Provider must update HIW on the mandatory training programme for staff at Rushcliffe Hospital to ensure they have the necessary skills for the patient group.

The Registered Provider must review the training materials for staff at Rushcliffe Hospital to ensure it is appropriate for the patient group cared for at the hospital.

The Registered Provider must ensure that DBS checks are undertaken regularly for staff working at Rushcliffe Hospital.

The Registered Provider must ensure there is a regular and structured system for staff to receive supervision is required.

Privacy and dignity

Patient feedback regarding privacy and dignity at Rushcliffe was positive, with some patients having no issues in this area. All patients said staff respected their privacy and dignity by knocking on their bedroom door prior to entering.

Patients could make phone calls in private, either using the payphone or some patients had their own mobile phones. A visitor room was available in the reception area for patients to meet with family and friends.

Patient therapies and activities

The facilities available at Rushcliffe hospital for patient activities and therapies was excellent and suitable to an adult mental health rehabilitation setting. The

facilities included patient kitchen facilities, a music room with instruments, a computer room, a games-room with a pool table, an art room with supplies, a multi gym and a recently developed woodwork studio, which patients will be risk assessed to access. However, whilst these facilities were present at Rushcliffe during our inspection they were not regularly in use. We were informed that patients were unable to use the gym equipment because it was purchased as 'previously owned' and therefore the organisation could not ensure the equipment was fit-for-purpose. The equipment required replacing and had not been undertaken.

Patients spoke of having little to do within the hospital as the facilities were under used. We were informed that with the recruitment of the occupational therapist and activity co-ordinator more activities would be available to patients. The occupational therapist would lead on the activities programme to utilise the facilities available at Rushcliffe Hospital.

Some staff we spoke to said they would prefer to see more therapeutic and vocational opportunities for patients. It would be beneficial if rehabilitation activities at Rushcliffe Hospital engaged with the local community. It was positive to note that one patient had been undertaking rehabilitation activities with a local company.

It was positive to hear from some patients saying they were able to access the community as part of their rehabilitation and undertake activities in the community including going on cycle rides and attending the local gym. We also observed patients accessing the community to go shopping for personal items and buying ingredients to make meals and snacks at the hospital.

Requirements

The Registered Provider must review patient activities to ensure they are relevant for the patient group and where possible are vocational and/or community based to enhance the rehabilitation model the hospital promotes.

The Registered Provider must ensure there is fit-for-purpose equipment for the hospital gym.

The Registered Provider must ensure the recruitment of the Activity Coordinator is undertaken.

Food and nutrition

In general, discussions with patients and staff highlighted a positive response in relation to the food served at Rushcliffe. Patients were provided with

breakfast and full cooked lunch. Patients choose their meals from the menu provided each day.

As was the case during our inspection in February, all patients at the hospital prepared their own evening meals. However, patients were in general not preparing meals but would make snacks such as beans on toast. The reasoning behind patients making their own evening meals was reflective of the rehabilitation service. However, there was little co-ordination regarding evening meals and therefore patients would prepare snacks rather than evening meals.

We also noted that patients could also prepare supper. During the evening and late in to the night we observed patients helping themselves to toast and cereals. Many patients stated that because they only prepared snacks during the evening that they often felt hungry and therefore would eat throughout the evening prior to going to bed. The current arrangements for meals did not promote healthy eating at all times of the day.

Many patients and staff felt that the process of patients preparing their own evening meal together was not working as planned. We feel that meals should be reviewed to ensure a correct balance between providing patients with meals and patients preparing their own meals as part of a rehabilitation activity.

Patients had facilities to buy and store their own food. Patients could help themselves to hot and cold drinks throughout the day and evening.

Requirement

The Registered Provider must review the provision of food at Rushcliffe Hospital to ensure that if patients are preparing their own meals it is part of a structured rehabilitation programme and healthy eating programme.

Application of the Mental Health Act

It was positive to note that since our inspection in February the Mental Health Act Administrator had been provided with a designated office to undertake their role. Rushcliffe Hospital had also recruited a receptionist who had taken over some of the clerical duties that the Mental Health Act Administrator had been previously undertaking. Both these changes had allowed for the Mental Health Act Administrator to spend more time designated to their specific role.

It was disappointing to note that the Mental Health Act Administrator had not been able to access any training since our previous inspection. However, we were informed that the Registered Provider had identified appropriate training and were arranging an appropriate time for the Mental Health Act Administrator to attend.

Following up the findings of our previous inspection it was noted that statutory documentation is stored in a locked area when not in use. Section 17 Leave authorisation forms were being kept with the patients' statutory documentation with copies of the forms being available in the ward office. It was noted that processes for the provision of rights under Section 132 and assessment of capacity had been developed.

Requirement

The Registered Provider must ensure that the Mental Health Act Administrator accesses appropriate training to fulfil their role.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation at Rushcliffe and noted some Care and treatment plan (CTP) reviews were out of date. Whilst the named Care-Coordinator was external to Rushcliffe Hospital there was little evidence available to confirm what efforts had been made to resolve delays with CTPs.

There remained a lack of depth and sufficient amount of information in CTP to ensure that staff reading the CTP would have adequate information to provide care to the patient without reviewing other care planning documentation.

Overall care planning documentation was disjointed with information being spread across a number of different sets of documentation relating to a patient. In addition there were areas of duplication but also evidence of information being left out. The Deputy Hospital Manager was reviewing the recordkeeping processes and systems to look at ensuring consistency in record keeping.

It was evident that there was a focus on physical health monitoring, however only the Deputy Hospital Manager was able to take patients' bloods. Weekly physical health 'clinic' was held by the doctor and included blood glucose level, blood Pressure, body mass index, etc.

When a patient declined to attend a weekly clinic there was no evidence of what had been explored later to gain compliance with physical checks. Neither was there information to state what action had been taken by staff as a result. There was also limited training available on physical health complications applicable to the patient group being cared for at Rushcliffe Hospital.

The Deputy Hospital Manager wished for the hospital to hold an 'Emergency Drug Box' that would contain first line drugs to use in physical emergencies, such as anaphylaxis. However, this had not been completed at the time of our inspection.

Requirements

The Registered Provider must review the Care and Treatment Planning documentation to ensure that it provides and records all appropriate information with regards to the patient's care.

The Registered Provider must ensure the provision of the Emergency Drug Box.

6. Next Steps

Rushcliffe Hospital is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Rushcliffe Hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A

Mental Health/ Learning Disability: Improvement Plan
Provider: Rushcliffe Healthcare
Setting: Rushcliffe Hospital
Date of Inspection: 23 - June 2015

Page Number	Recommendation	Regulation	Provider Action	Responsible Officer	Timescale
8	The Registered Provider must ensure that the ligature risk is removed.	26(2)(a)	Installing a cupboard to encompass the risk and this will be kept under review.	Philip Maliphant (Service Manager) Steven Radmore (maintenance)	08/08/2015
9	The Registered Provider must update HIW on the recruitment process for the positions stated above	20(1)(a)	Recruited sufficient nurses fir the service to operate efficiently. Occupational Therapist is in post. Clearance for x3 support	Vaughan Bater (Designate Registered Manager)	30/08/2015 Completed except for Bank positions

			workers via recruitment process continues. Outstanding post for Activity Lead only		and activities.
10	The Registered Provider must update HIW on the mandatory training programme for staff at Rushcliffe Hospital to ensure they have the necessary skills for the patient group.	20(2)(a)	Mandatory is ongoing, equality and diversity, safeguarding and Managing Violence and Aggression to be 90% compliant by 30 August 2015. Further training will be pre-planned in first 2 weeks of September. A full competency training matrix will reflect the Mental Health and Rehabilitation focus for staff.	Vaughan Bater (Designate Registered Manager) Kym Godfrey (Training Centre Manager) Philip Maliphant (Service Manager)	15/09/2015 Report updated will be sent by 15/09/15 16/08/2015
10	The Registered Provider must review the training materials for staff at Rushcliffe Hospital to ensure it is appropriate for the patient group cared for at the hospital.	20(2)(a)	Review currently taking place and will be completed by 31/08/2015. A full comprehensive training programme will then be scheduled over a 12 month rolling rota with inputs from the hospital team and training	Vaughan Bater (Designate Registered Manager) Kym Godfrey (Training Centre Manager)	15/09/2015

10	The Registered Provider must ensure that DBS checks are undertaken regularly for staff working at Rushcliffe Hospital.	21(2)(a)	All DBS checks have been completed and as best practice are reviewed each 3 rd year.	Amy Wiltshire (Receptionist)	30/07/2015
10	The Registered Provider must ensure there is a regular and structured system for staff to receive supervision is required.	20(2)(a)	The supervision structure is in place and staff receive supervision as planned. Via allocated supervisor. Reflective practise and lessons learnt – group JM (monthly)	Vaughan Bater (Designate Registered Manager) Philip Maliphant (Service Manager)	Complete and ongoing (See flowchart below)
11	The Registered Provider must review patient activities to ensure they are relevant for the patient group and where possible are vocational and/or community based to enhance the rehabilitation model the hospital promotes.	15(1)(a)	We have an experienced occupational therapist who is currently reviewing patient activities. However vocational or community based activities are discussed in Multi-disciplinary Team on an individual patient basis and processed accordingly. All individualised plans for therapeutic or community accessed activities are planned accordingly. Up to accessibilities and	Tracey Bryant (Occupational Therapist) to lead Multi-disciplinary Team decision and process	Ongoing

			cognitive / emotional abilities which may lead to environmental risk assessments and measured risks; with outcomes and empowering which benefit.		
11	The Registered Provider must ensure there is fit-for-purpose equipment for the hospital gym.	15(2) 26(2)(c)	Gym equipment to be removed and replaced with specific equipment only. External access to health and bike exercise clubs in the community are reviewed as to validity and equity of access to patients overall.	Philip Maliphant (Service Manager) Steven Radmore (Maintenance)	31/08/2015
11	The Registered Provider must ensure the recruitment of the Activity Coordinator is undertaken.	20(1)(a)	Internal and job centre, local paper advert will be placed w/c 10/08/2015. Interviews will take place on w/c 31/08/2015.	Tracey Bryant (Occupational Therapist) Vaughan Bater (Designate Registered Manager)	01/09/2015
12	The Registered Provider must review the provision of food at Rushcliffe Hospital to ensure that if patients are	16(9)(b)	A patient survey carried out in June did not highlight any concerns regarding food provided however certain	Tracey Bryant (Occupational Therapist) Vaughan Bater	September 2015

	preparing their own meals it is part of a structured rehabilitation programme and healthy eating programme.		patients cannot (under capabilities / abilities) prepare food without direct interventions by staff. Other factors are 'wish to engage or prepare meals' as well as dietetic knowledge. Under the choices directive we will facilitate individual as well as group food preparations (under a structured timetable) which may give the current patients autonomy and choices over meal preparation and healthy eating options.	(Designate Registered Manager) Philip Maliphant (Service Manager)	
12	The Registered Provider must ensure that the Mental Health Act Administrator accesses appropriate training to fulfil their role.	20(2)(a)	The training has been booked for the relevant personnel. Experience will also be gained as shadowing an experienced Mental Health Act Administrator post externally.	Philip Maliphant (Service Manager) Mental Health Act Administrator	November 2015
14	The Registered Provider must review the Care and Treatment Planning documentation to ensure that it provides and records all appropriate information with	23(1)(a)(i) 23(1)(a)(ii)	The Care and Treatment Plan document will be compiled by 11/09/2015 on admission any subsequent additions or changes will be made through the Multi-disciplinary Team	Vaughan Bater (Designate Registered Manager) Multi-disciplinary	Ongoing

	regards to the patient's care.		reviews or at tribunal reviews. Internal audits by management will also be put into place to improve through documentation is consistent with requirements.	Team Nurse Team	
14	The Registered Provider must ensure the provision of the Emergency Drug Box.	15(5)(a)	This will be made available to the team once local protocols and training has been provided to key staff. Guidance will be provided directly by the Registered Manager.	Vaughan Bater (Designate Registered Manager)	01/10/2015

RUSHCLIFFE SUPERVISION FLOWCHART

