Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Cambian Healthcare Limited

St Teilo House

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of St Teilo House on the evening of 31 May and days of 1 and 2 June 2017. The following sites and wards were visited during this inspection:

- St Teilo House

Our team, for the inspection comprised of a HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective rehabilitation care in a well maintained environment. However, patients and staff had concerns regarding the number of incidents that had occurred in the months leading up to our inspection. .

This is what we found the service did well:

- Provided mental health rehabilitation care in a well maintained and suitable environment.
- Ward staff and senior management interacted and engaged with patients respectfully.
- Strong governance arrangements were in place to deliver safe and effective care.
- Completed Care and Treatment Plans reflected the domains of the Welsh Measure and these were regularly reviewed.

This is what we recommend the service could improve:

- Recruit staff to registered nurse and Head of Care vacancies.
- Infection prevention and control procedure for the occupational therapy kitchen.
- Support arrangements for health care support workers.

We identified regulatory breaches during this inspection regarding vacancies in the registered provider's Statement of Purpose. Further details can be found in Appendix B.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Cambrian Healthcare Limited is registered to provide an independent Insert type of service at St Teilo House, Goshen Street, Rhymney, Gwent NP22 5NF.

The service has 23 registered beds and provides female locked rehabilitation service. At the time of inspection there were 20 patients.

The service was first registered on 23 March 2007.

The service employees a staff team which includes Hospital Manager, interim Head of Care and responsible clinician. The multi-disciplinary team includes a psychologist and psychology assistant, two occupational therapists and two activity co-ordinators, a team of registered mental health nurses and health care support workers. There was an established team of housekeepers, kitchen staff and maintenance person.

Quality of patient experience

We spoke with patients,, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We saw staff treating patients with respect whilst providing patients with individualised rehabilitation care. We saw that staff upheld patients' rights and supported patients to be as independent as possible.

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at St Teilo House. Weekly Well Woman health clinics were held at the hospital every weekend. Information on healthy eating was on display in the dining room, and health meal and snack options were available to patients.

Patients were able to access a smoking cessation programme via the local GP services; the uptake on this was reported to be low. We feel that the registered provider should consider a proactive smoking cessation programme within the hospital which may improve patient participation.

The hospital had two full time occupational therapists and two activity co-ordinators. There was a wide range of physical activities available for patients within the hospital or within the community for those patients that were authorised to leave the hospital. This included the hospital gym which had a good range of cardio exercise equipment, such as a treadmill and an exercise bike.

There were a range of facilities within the hospital to provide patients with activities such as the hair and beauty salon which also incorporated a nail bar, the computer room which had internet access, the occupational therapy kitchen and other activity rooms. Patients had open access to a large garden area that was well maintained. There was a visitor room off reception which was also suitable for child visiting.

Improvement needed

The registered provider should consider a proactive smoking cessation programme within the hospital.

Dignity and respect

We observed ward staff and senior management at the hospital interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients. Staff demonstrated detailed knowledge of individual patients, their histories and patient journey

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. When patients approached staff members they were met with polite and responsive caring attitudes.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Each patient had their own en-suite bedroom with toilet, sink and a shower. Bathrooms were also available that patients could utilise if they wished to have a bath.

Patients were able to lock their bedroom doors, with staff able to override the locks if required. We observed a number of patient bedrooms and it was evident that patients were able to personalise their rooms and had sufficient storage for their possessions.

Bedroom doors had viewing panels so that staff could undertake observation on patients without opening the door and potentially disturbing the patient. It was positive to note that viewing panels were in the closed position and opened to undertake observations and then returned to the closed position. This helped maintain patients' privacy and dignity.

The hospital was decorated and furnished to a high standard; throughout the hospital there were attractive pictures which also included local landmarks.

Patients who spoke with us stated that they had no general issues of concern regarding their privacy or dignity. However, when patients are escorted by staff

in to the community we were informed that staff wear their company polo shirts which displays the company logo and strapline. Whilst staff are able to wear clothing over the top of the polo shirts this may not always be the case in warmer weather. The registered provider should review this practice and consider how staff can escort patients without being identified as hospital staff to maintain patient dignity.

Improvement needed

The registered provider should review how staff can escort patients without being identifiable as hospital staff to maintain patient dignity.

Patient information and consent

There was a range of up-to-date information available within the hospital. The reception area and visitor information included on the hospital, information about the Mental Health Act and Advocacy Services along with a range of other relevant leaflets.

There was also a good range of information on display throughout patient areas within the hospital. The Patient Guide was well laid out and easy to read. It enabled people to gain a good understanding of their rights and what they could expect from the service.

Registration certificates and information on Healthcare Inspectorate Wales were also on display. Information on the complaints process and how to raise a complaint was also displayed.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

There were a number of meetings that involved patients and staff, these included formal individual care planning meetings and group community meetings.

For individual meetings patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients'

agreement, wherever possible, their families and carers were also included in some meetings.

There were daily planning meetings each morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

There was a weekly community meeting where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns. The hospital had commenced a monthly patients' forum that was attended by a representative from an advocacy service.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by managed positive risk taking, both in ward practices and care planning.

Each patient had their own individual weekly activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

Activity participation was monitored and audited. Where patients declined we observed staff offering alternatives, this was recorded in the patient record. There was a weekly audit of activity participation which would feed into future activity planning.

The activities were varied and focused on recovery, either at the hospital or in the community. The occupational therapy team had a library of activities that could be used "off the shelf".

The psychology team, recently recruited to the hospital, were establishing a number of therapies and sessions for the benefit of patients and staff.

Equality, diversity and human rights

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation.

Citizen engagement and feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided at the hospital. This included community meetings or formal feedback via the complaints process.

It was pleasing to note that the registered provider had received positive feedback from some patients and relatives.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall we found that safe and effective care was provided to patients. However, patients and staff raised concerns about the number of incidents of patient aggression that had occurred at the hospital in the months leading up to our inspection.

There were established processes and audits in place at the hospital to manage risk and safety, infection control and medicine management. This enabled staff to continue to provide safe and clinically effective care.

The hospital was maintained to a high standard, although there were areas of minor repair required at the time of our inspection. There were also appropriate processes in place to keep a high level of cleanliness; however improvements are required to the upkeep of the occupational therapy kitchen.

The statutory documentation in relation to both the Mental Health Act and the Mental Health (Welsh) Measure were completed to a high standard. However, there are areas of improvement required in the completion of clinical documentation that would help staff to easily demonstrate the care they are providing and the reasons behind their decisions.

Managing risk and health and safety

St Teilo House had processes in place to manage risk and maintain health and safety. The hospital provided individualised patient care that was supported by managed positive risk taking, both in ward practices and care planning.

There was a level entrance in to the hospital from the street and hospital car park. Patient areas were on the ground floor and first floor of the hospital; there was a lift available to assist people with mobility difficulties.

Staff wore personal alarms which they could use to call for assistance if required. There were nurse call points around the ward and within patient bedrooms so that patients could summon assistance if required.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There was an up-to-date ligature point risk assessment in place for the hospital. This identified potential ligature points and what action had been taken to remove or manage these.

The hospital had a Business Continuity Plan in place that included such things as adverse weather, utility failures and out break of infectious disease.

The hospital environment was furnished and decorated to a good standard; it was bright, modern and welcoming. On the whole the hospital was well maintained throughout; however there were a few areas of damage to two door window panels and wall corner in the dining room following incidents in the preceding days to our inspection. We were assured that these areas would be addressed as a priority. The registered provider employs a maintenance person who is dedicated to St Teilo House and undertakes maintenance work or contacts the registered provider's area maintenance team.

Staffing levels during our visit were appropriate for the current patient group and no concerns were raised by staff or patients regarding insufficient staffing levels. However, a number of staff raised concerns that the acuity of patients at the hospital has become higher over recent years which has resulted in greater number of incidents of challenging behaviour. Some patients raised their concerns over recent incidents at the hospital that had impacted negatively on how safe they felt at St Teilo House.

Reviewing incident data, speaking to staff and patients it was evident that the hospital had been unsettled in the preceding weeks to our inspection. The registered provider took reasonable steps to ensure that there was an appropriate skill mix of staff working to manage the hospital and patient behaviours. The hospital worked with individual patient care teams to move two patients to more appropriate environments that could meet their individual needs.

The hospital manager was establishing debrief sessions for staff following the recent incidents to provide support for staff. The registered provider must review the recent incidents and their impact upon the safety of the hospital, identify lessons learnt and what actions will be taken to mitigate similar events.

Improvement needed

The registered provider must confirm that the damage to two door window panels and wall corner in the dining room has been rectified.

The registered provider must review the recent incidents and their impact upon the safety of the hospital, identify lessons learnt and what actions will be taken to mitigate similar events in the future.

Infection prevention and control (IPC) and decontamination

The registered provider employs dedicated housekeeping staff for St Teilo House. The communal bathroom, showers and toilets were clean, tidy and clutter free and there was access to hand washing and drying facilities in all ward/kitchen and bathing areas.

Throughout the inspection we observed the hospital to be visibly clean and clutter free. Cleaning equipment was stored and organised appropriately.

Hand hygiene products were available in relevant areas at the hospital. Staff also had access to infection prevention and control and decontamination PPE when required.

Laundry facilities which were well maintained, laundry rooms and linen cupboards were well organised on both wards.

On the whole the hospital appeared visibly clean and hygienic. However, on the second day of the inspection we identified areas within the occupational therapy kitchen that required cleaning. Both ovens were dirty and required cleaning along with the cooking hobs and extractor fans. The kitchen external extractor vent was very greasy and therefore much dust had adhered to it.

The inside of the patient fridge was dirty and liquid had gathered in one of the fridge drawers. The occupational therapy kitchen had fluorescent tube lighting, one plastic covering was missing and the other was dirty.

There was also inappropriately stored food in the occupational therapy kitchen. One fruit bowl and contents had residue from cooking on it along with a carton of out-of-date eggs. Opened liquids, sugar, flour and other items were not stored correctly in suitable containers.

It was positive to note that actions were taken during the inspection to rectify these issues. The registered provider must ensure that the occupation therapy

kitchen is maintained to an appropriate level of cleanliness and that food items are suitably stored.

We inspected the main hospital kitchen area and found a high standard of cleanliness overall in the main kitchen and the foyer of the main kitchen's back door entrance.

Appliances were in a good state of repair however, the large freezer required defrosting. There was an uncovered box of fresh fruit and vegetables on the kitchen floor rather than stored on a shelf. There were also uncovered waste breakfast items left uncovered on the bottom shelf of a trolley which was located in the back entrance foyer. This could have attracted insects or vermin particularly as the back door was open at that time.

The door to the kitchen toilet and wash hand basin was also found to be open onto the back door foyer area at the time however a notice was speedily applied to the toilet door instructing staff to ensure that it remained close at all times.

Improvement needed

The registered provider must ensure that systems are in place and completed to maintain the cleanliness and upkeep of the occupational therapy kitchen.

The registered provider must ensure that there is regular monitoring of the hospital freezer to prevent the build up of frost.

The registered provider must ensure that produce is stored properly within the kitchens.

The registered provider must ensure that the toilet door is not left open.

Nutrition

We spoke with kitchen staff and looked at patient menus and found that a balanced menu plan had been devised. In addition, we were told that alternative meals were available in response to individuals' cultural requirements and medical needs.

We sampled a selection of the meals available to patients, and found them to be of good quality. We also observed the mealtimes at the hospital, patients and staff confirmed that the meals that they received and we sampled were typical of what is provided at St Teilo House.

As part of patient rehabilitation care, patients were encouraged and supported to cook their own meals. Where patients had Section 17 Leave authorisation they could also undertake food shopping as part of their community focused rehabilitation activities.

There were suitable facilities available to patients for hot and cold drinks and we observed patients accessing the patient kitchen facilities throughout the inspection.

Medicines management

On the whole we found safe management of medication at the hospital. The clinic room was locked and medication was stored securely. There were clinical audits in place, including regular external pharmacy audit, which provided assurance that medication was being stored and used safely.

It was evident that staff monitored the temperature of the clinic fridge to ensure that medication was stored at the correct temperature as indicated by the manufacturer. The clinic room temperature was controlled with air conditioning to ensure it was maintained to an appropriate temperature.

We reviewed a sample of Medication Administration Record (MAR charts). All the MAR Charts reviewed contained the patients name and their Mental Health Act legal status; however they did not always include other details such as weight, height, etc. Charts were consistently signed and dated when prescribed and administered or the reason recorded when medication was not administered. Where patients decline their medication the reason why is recorded in the patient's daily notes.

There were very good arrangements for the storage and use of Controlled Drugs. These are checked daily, although there was one day in the previous month where the check had not occurred. We noted that the Controlled Drug log did not always include the dose but only the number of tablets. Despite this we were able to verify that Controlled Drugs were accurately accounted for.

There was a weekly clinical audit in place to ensure that all emergency equipment was present in case it was required.

There were established processes in place for ordering medication. Staff had access to all relevant medicine management policies at the hospital along with the current British National Formulary (BNF)[1].

Improvement needed

The registered provider must ensure that the front of all Medication Administration Records are completed in full.

The registered provider must ensure that the controlled drug documentation is accurately completed.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a weekly audit of resuscitation equipment which were undertaken when required.

The hospital had a number of ligature cutters that were located throughout the hospital in case of an emergency.

Safe and clinically effective care

Overall we found governance arrangements in place that helped ensure that staff on both wards provided safe and clinically effective care for patients.

Records management

Patient records were either completed electronically, which were password-protected or paper files (including printouts of electronic documentation) that

[1] British National Formulary is a pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about individual medicines.

were stored and maintained within the locked nursing office. We observed staff storing the records appropriately during our inspection.

However, each patient at the hospital had several different folders of care information. Therefore following the care and treatment of an individual patient could be complex and time consuming across the individual files. The registered provider confirmed that they were implementing an electronic record system imminently. The feedback from other settings within their organisation is that the electronic record system has improved the accessibility of information.

Improvement needed

The registered provider must review their record management to ease navigation of care documentation.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across the one ward of the hospital.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers legal papers were available within patient files.

Consent to treatment certificates were kept with the corresponding Medication Administration Record (MAR Chart). This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

The Mental Health Act Administrator regularly attends the All Wales Mental Health Act Administrators Forum. This provides the opportunity to meet and engage with other Mental Health Act Administrators across Wales to discuss common themes, issues and experiences whilst reflecting on existing practice assisting them to remain up to date with current changes in legislation, case law and practice.

There was a lack of detail in the responsible clinician's recording the completion of the statutory documentation for consent to treatment, the patient's notes only stated that there had been a reduction in the existing dosage of medication.

The registered provider should also improve the recording of statutory consultee's discussions with the Second Opinion Appointed Doctor (SOAD) process. The 2016 Mental Health Code of Practice for Wales, paragraphs 25.56

- 25.62 provides guidance for statutory consultees and the recording of their discussions which would help evidence the practice at the hospital.

The registered provider had an extensive list of Mental Health Act policies which were on display on a dedicated Mental Health Act noticeboard in the main corridor of the hospital. The noticeboard also included: an introduction to the Mental Health Act, a list of Independent Hospital Managers, a list of solicitors specialising in the Act and information leaflets on a variety of areas of the Act including, being in hospital as a detained patient, being in hospital as an informal patient and independent advocacy services.

Improvement needed

The registered provider must ensure that responsible clinicians complete detailed records of decisions around consent to treatment provisions.

The registered provider should reviewer the documentation available for statutory consultees to record their discussions with the Second Opinion Appointed Doctor (SOAD).

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of three patients.

There was evidence that care co-ordinators had been identified for the patients and where appropriate family members were involved in care planning arrangements. The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

Despite a wide range of physical health documentation to monitor and review patients' physical health, patient files contained incomplete or blank physical health documentation. The registered provider must ensure that the required physical health documentation is maintained in patient files and completed as required.

Where patients had declined to have physical health monitoring undertaken in most cases there was no record of this. The registered provider must ensure that staff make detailed recordings of when patients decline physical monitoring or treatment.

Improvement needed

The registered provider must ensure that the required physical health documentation is maintained in patient files and completed as required.

The registered provider must ensure that staff make detailed recordings of when patients decline physical monitoring or treatment.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We saw good management and leadership from the multi-disciplinary team at St Teilo House. There was a committed staff team who appeared to have a very good understanding of the needs of the patients at the hospital.

Recruitment was undertaken in an open and fair process with employment checks on recruitment and throughout employment. The registered provider is required to recruit to the registered nurse vacancies and Head of Care vacancy.

The completion rates of training, managerial supervision and annual appraisals was very good. Improvements are required in the support of health care support workers and provision of information following incidents.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that both wards focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. Weekly hospital Key Performance Indicators (KPIs) were reported to senior management of the registered provider. The KPIs included data such as patient occupancy levels, patient care statistics, incident reporting, staffing establishment, staff absenteeism, staff training and supervision.

St Teilo House's Registered Manager and Responsible Individual confirmed that there were open and constructive links between the hospital and the registered provider.

There was strong multi-disciplinary team-working with staff commenting favourably on each other and stating that they felt that their views were listened to and respected by other members of staff. Disciplines such as the psychologist, occupational therapists and the hospital manager spoke of good peer links and support from other hospitals within their organisation and their managers. This could be achieved either during regular meetings or remotely by telephone or email.

We found that staff were committed to providing patient care to high standards. However, concerns were raised by a number of health care support workers about the level of aggression that some patients can present on occasions. As noted earlier in the report, staff stated that from their experience of working at the hospital for a number of years that the acuity of some patients admitted to the hospital has raised over recent years resulting in greater number of incident of challenging behaviour. Staff raised concerns that some patients admitted do not appear ready for a rehabilitation service, presenting with high level of aggression and unwillingness to engage in the available rehabilitation activities.

Some staff spoke of feeling isolated on the ward and felt that verbal and physical aggression to staff was being tolerated by the service. Staff felt that there was a lack of feedback from incidents and therefore unsure of actions that may be taken in respect to perpetrators of physical or verbal aggression.

Some members of staff expressed an interest in developing a staff-patient mutual code of conduct with the patients which would provide guidance for both patients and staff and felt that it would also provide patients with an opportunity to learn and support skills that would aid rehabilitation. The registered provider should consider this proposal from the staff team.

The hospital manager and psychologist confirmed that they were implementing reflective practice at the hospital and will be holding debrief sessions specifically in relation to recent incidents that had significantly unsettled the hospital. The registered provider must confirm what arrangements are in place to support all staff including health care support workers.

It was positive that throughout the inspection that the staff at St Teilo House were receptive to our views, findings and recommendations.

Improvement needed

The registered provider must confirm what arrangements are in place to support all staff including health care support workers.

Dealing with concerns and managing incidents

There were established processes in place for dealing with concerns and managing incidents at the hospital. Information on these processes were readily available at the hospital.

It was evident that the registered provider monitored concerns and incidents locally at St Teilo House and corporately through the weekly KPI data. The hospital manager and responsible individual were able to provide examples of when KPI data has been used to support the hospital, provide lessons learnt and changes to organisation policies either from incidents at St Teilo House or other hospitals within the organisation.

However, as detailed above there were concerns regarding the feedback following incidents for support workers. The registered provider must ensure there are established processes in place to provide all staff, including health care support workers, with relevant information following incidents at the hospital.

The registered manager was working with the Gwent Police to develop a joint working protocol which will establish what actions and expectations the hospital and local police have when dealing with each other, particularly in relation to dealing with concerns and managing incidents. This would assist hospital and police staff knowing what appropriate action to take as and when required.

Improvement needed

The registered provider must ensure there are established processes in place to provide all staff with relevant information following incidents at the hospital.

Workforce planning, training and organisational development

We reviewed the staffing establishment at St Teilo House and that stated within their Statement of Purpose. It was positive to note that the multi-disciplinary team was well established and included the hospital manager, the responsible

clinician, a psychologist and two occupational therapists. There was an established team of administrative, housekeep, kitchen and maintenance staff.

However, the registered provider had two registered nurse vacancies and Head of Care vacancy which was filled in the interim by an experienced staff nurse from another hospital. It was evident that the registered provider was attempting to fill the vacancies. The hospital had a full establishment of permanent health care support workers and bank cover; there was very little use of agency staff at St Teilo House which assisted in providing consistency of care.

We reviewed the mandatory training statistics for staff at St Teilo House and found that all staff were 100% compliant. The electronic system provided the hospital administrator with individual staff records and departmental details. The system prompted when refresher training was due so that staff could be informed of the requirement to complete.

Staff at the hospital received regular monthly management supervision and annual appraisals.

Improvement needed

The registered provider must recruit to the registered nurse vacancies and Head of Care vacancy.

Workforce recruitment and employment practices

We reviewed five sets of staff files and staff explained the recruitment processes that were in place at St Teilo House.

It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Baring Service (DBS) checks were undertaken and professional qualifications checked.

DBS checks were completed after each three year period of employment and professional registration monitored.

It was positive to note that during a period when agency staff were required the hospital manager interviewed each member of agency staff and provided them with an induction to the hospital, its processes and procedures. The registered manager stated that the agency staff felt that this was a positive and supportive initiative that made the agency members feel part of the hospital team. The

registered manager also confirmed that the agency staff were contracted for a block periods to help maintain the continuity of care at St Teilo House.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005 and implementation of Deprivation of Liberty Safeguards
- Comply with the Care Standards Act 2000
- Comply with the Independent Health Care (Wales) Regulations 2011
- Meet the National Minimum Standards for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects mental health and independent services can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection	Not Applicable	Not Applicable	Not Applicable

Appendix B – Improvement plan

Service: Cambian Healthcare Ltd

Hospital: St Teilo House

Date of inspection: 31 May - 2 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider should consider a proactive smoking cessation programme within the hospital.	3. Health promotion, protection and improvement	Well woman Clinic is held every week at St Teilo. During which discussion and advice regarding smoking takes place. Should patients require further advice they are supported to access local smoking cessation at their General Practitioner surgery.	Lynne Ngaaseke (Hospital Manager)	Immediate and ongoing
The registered provider should review how staff can escort patients without being identifiable as hospital staff to maintain patient dignity.	10. Dignity and respect	The Registered provider will purchase plain polo shirts for each member of staff to use when escorting patients in the community.	Lynne Ngaaseke	31/07/2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must confirm that the damage to two door window panels and wall corner in the dining room has been rectified.	22. Managing risk and health and safety 12. Environment	The Registered provider confirms that damage to two door panels and wall corner in the dining room has been repaired.	Lynne Ngaaseke	Complete
The registered provider must review the recent incidents and their impact upon the safety of the hospital, identify lessons learnt and what actions will be taken to mitigate similar events in the future.	22. Managing risk and health and safety	The Registered provider has commissioned debrief sessions for the 28th June of which all staff are required to attend. The purpose of the debrief sessions will enable staff as a team to share their views on the recent incidents, to learn lessons and agree working protocols for the future.	Lynne Ngaaseke	28/06/2017
The registered provider must ensure that systems are in place and completed to maintain the cleanliness and upkeep of the occupational therapy kitchen.	13. Infection prevention and control (IPC) and decontamination	The Registered provider will ensure that a member of the Occupational Therapy department will be allocated each day to complete a daily check of the therapy kitchen including checking fridge temperatures, cleaning down work surfaces, checking sharps and checking drawers and the fridge for out of date	Lynne Ngaaseke	Immediate and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		food to throw away. The therapy team will action any things required as and when needed.		
The registered provider must ensure that there is regular monitoring of the hospital freezer to prevent the build up of frost.	13. Infection prevention and control (IPC) and decontamination	The Registered manager will ensure that the hospital freezer is checked weekly to prevent the build-up of frost.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must ensure that produce is stored properly within the kitchens.	13. Infection prevention and control (IPC) and decontamination	The Registered manager will ensure that produce is stored properly within the kitchens.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must ensure that the toilet door is not left open.	13. Infection prevention and control (IPC) and decontamination	The Registered manager will ensure that the toilet door is closed at all times.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must ensure that the front of all Medication Administration Records are completed in full.	15. Medicines management	The Registered provider will ensure that a weekly review will take place to ensure the fronts of the medication	Lynne Ngaaseke	Immediate and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		cards are fully completed.		
The registered provider must ensure that the controlled drug documentation is accurately completed.	15. Medicines management	The registered provider will ensure that a weekly clinic audit is completing which includes any missing signatures / amendments or changes.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must review their record management to ease navigation of care documentation.	20. Records management	The registered provider will ensure that each patient file has an index for ease of navigation.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must ensure that responsible clinicians complete detailed records of decisions around consent to treatment provisions.	Mental Health Act	The registered provider will ensure that the responsible clinician fully documents all decisions regarding consent to treatment in the patient's daily records.	Lynne Ngaaseke	Immediate and ongoing
The registered provider should reviewer the documentation available for statutory consultees to record their discussions with the Second Opinion Appointed Doctor (SOAD).	Mental Health Act	The registered provider will ensure that records of discussions with the Second Opinion Appointed Doctor are completed on the day of consultation. The required documentation is kept in the nurse's station filing cabinet for ease of access.	Lynne Ngaaseke	Immediate and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that the required physical health documentation is maintained in patient files and completed as required.	Mental Health (Wales) Measure 2010	The registered provider will ensure that a weekly Well woman clinic takes place. Further to this there are two nominated physical health leads who will conduct weekly checks of all patients' physical health files.	Lynne Ngaaseke	Immediate and ongoing
The registered provider must ensure that staff make detailed recordings of when patients decline physical monitoring or treatment.	Mental Health (Wales) Measure 2010	The registered provider will ensure that a weekly well woman clinic takes place. Any refusal to attend will be documented both on the physical health documentation and in the patient's daily notes. Further to this there are two nominated physical health leads who will conduct weekly checks of all patients' physical health files.	Lynne Ngaaseke	Immediate and ongoing
Quality of management and leadership				
The registered provider must confirm what arrangements are in place to support all staff including health care support workers.	1 Governance and accountability framework	The registered provider will ensure that incident debrief sessions are completed post all incidents.	Lynne Ngaaseke	Immediate and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure there are established processes in place to provide all staff with relevant information following incidents at the hospital.	23 Dealing with concerns and managing incidents	The registered provider will ensure that there is an incident review meeting every 4 weeks at which all incidents will be reviewed and lessons learnt. All staff will be invited to attend.	Lynne Ngaaseke	31/07/2017 and ongoing
The registered provider must recruit to the registered nurse vacancies and Head of Care vacancy.	25. Workforce planning, training and organisational development	The Registered provider has recruited a Head of Care; Health Inspectorate Wales will be notified of a start date. The Registered provider will recruit to the registered nurse vacancies.	Lynne Ngaaseke	31/08/2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): LYNNE NGAASEKE

Job role: HOSPITAL MANAGER

Date: 22 JUNE 2017