

Focussed Review: Risk Management Arrangements (Unannounced)

Heatherwood Court / Ludlow
Street Healthcare

Inspection date: 24 & 25
September 2017

Publication date: 28 December
2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	4
2.	Summary of our findings	5
3.	What we found	8
	What next?	11
	Appendix A - Non Compliance Notice.....	12
	Appendix B – Improvement plan	16

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced focussed inspection of Heatherwood Court on 24 and 25 September 2017. The purpose of the visit was to assess whether Heatherwood Court Hospital is appropriately managing risk, specifically in relation to self harm and suicide. This was because HIW had recently received notification of the death of a detained patient – the second death at the setting within a 12 month period.

Heatherwood Court

Heatherwood Court is an Independent Hospital registered to provide treatment or nursing (or both) to 47 persons with a diagnosis of mental illness, who may be liable to be detained under the Mental Health Act 1983.

The hospital has four wards:

- Cardigan – a 12 bed low secure unit for female patients
- Caernarfon – an 11 bed locked rehabilitation unit for female patients
- Caerphilly – a 12 bed low secure unit for female patients
- Chepstow – a 12 bed low secure unit for male patients

How did we do this?

The team comprised of three members of HIW staff and two mental health nurse peer reviewers.

The team focussed on two wards, Cardigan and Caernarfon.

The review was carried out over a night/early morning and a full day and focussed specifically on how risk was being managed, specifically examining policies, practice, safeguarding, workforce and governance.

2. Summary of our findings

Overall we found contrasting levels of care being provided on the wards.

On Caernarfon ward we found a number of positives, with staff maintaining a good relationship with the patients and some areas of good practice. However a small number of issues were found around care plans not clearly stating the level of observations required for patients.

On Cardigan ward there were some areas of noteworthy practice with personal emergency evacuation plans for patients being comprehensive and the medicine management process on the ward being in good order. However we saw significant unsafe practice in other areas on the ward.

We directly observed unsafe practice regarding observations. Of particular concern to the team was the practice of making no attempt to obtain visual confirmation that patients were safe. We observed staff knocking a patient's door and waiting for an answer and when an answer was received the staff member moved on, not obtaining visual confirmation that the patient was safe. Worryingly the Registered Nurse in charge of the ward confirmed to us that this was accepted practice.

Consequently we were not assured that patients on Cardigan ward were being cared for safely and monitored effectively; this has resulted in HIW issuing a Non-Compliance Notice to the Registered Provider and Registered Manager, a copy of this can be found at Appendix A. Subsequent to our inspection we have received confirmation from the Provider that actions have been taken and these are reflected within the Notice.

We have held a formal meeting with the Registered Provider and Registered Manager to set out our concerns and ask for assurance that action would be taken. The Registered Provider has confirmed that action has been taken, these can be found at Appendix B.

3. What we found

There were some areas of noteworthy practice, these are set out below:

Cardigan Ward

- The Personal Emergency Evacuation plans for patients on the ward were comprehensive.
- The medicine management process implemented on the ward was in good order.

Caernarfon Ward

- The inspection team found the ward to be clean and well maintained.
- The ward and in particular patient's individual rooms, had good evidence of personalisation.

Whole Hospital

- The majority of staff at ward level were engaging with the inspection process.
- The inspection team noted/observed staff treating patients with respect and dignity.
- The inspection team noted that the 24-hour staffed reception was beneficial, as it ensured that staff did not have to leave the ward unnecessarily allowing them to focus on patient care.

Unfortunately we found unsafe practice in some areas, these are set out below:

Cardigan Ward

- During the night/early morning visit we observed on more than one occasion a member of staff make no attempt to obtain visual confirmation that patients were safe while undertaking general observations. The member of staff only knocked their bedroom door and waited for the patient to answer. If the patient responded then no visual contact was made, therefore a patient could potentially be behind the door performing self harming behaviour. The Registered Nurse working on the ward on the night of 24 September 2017 confirmed that this was accepted practice.

- We found there to be gaps in observational records, specifically three gaps noted at various times on the record dated 22 September for the 24 hour period. Observational records need to be a contemporaneous record to ensure that all observations can be evidenced; any gaps in a record mean that the Registered Provider could not be assured that the observation had taken place in line with identified risks and agreed Multi Disciplinary Team (MDT) observation levels.
- We saw staff signing 24 hour sleep charts retrospectively with some members of staff completing charts when they were not the member of staff that carried out the check. The member of staff signing on behalf of someone else could not be assured that the observations had taken place. Also on return to the ward the following morning on the same sleep charts there were additional deletions and initials written over or changed.
- The observational policy in place at the hospital did not provide staff with sufficient guidance on how to undertake safe observation; specifically it did not state that staff should make visual contact with the patient. This was concerning given that we were informed that this had been reviewed within the last 12 months.
- When requested, staff on the ward could not locate a physical copy of the observational policy on the ward.
- The patient status board in the nursing office was not accurate for three patients; it had not been updated with the specific risk items the patients were not allowed in their room.
- It was unclear how information from the MDT process was effectively communicated to staff on the ward. We found that staff were not clear on what the risk items were for patients in their bedrooms. This could mean that patients had items in their room that could pose a risk.
- In two bedrooms it was observed that the bed was not in an appropriate position to facilitate the patient's easy access to the nurse call system if they required this. The Registered Manager was instructed to undertake an audit of this across the whole hospital within 24 hours.
- Staff on the ward were unsure whether the curtain poles in some patient rooms were collapsible, if this was the case they would pose a ligature risk.
- No electronic care records were completed for the night of 24 and day of the 25 September even though observation levels had been increased for one patient.

- Zopiclone medicine, a Drug Liable to Misuse (DLM), in the controlled drug cupboard was found to belong to a patient (dated May 2017) no longer accommodated at the hospital.
- The shift planner document for 22 September 2017 had the incorrect member of staff named as being in charge of the ward.

Caernarfon Ward

- The care plans we saw did not clearly state the level of observations required for the patients on the ward.
- There were a number of patient monitoring documents waiting to be signed off by the ward manager.
- There are a large number of Registered Nurse vacancies on the ward, which are currently being covered by agency staff. This means that the permanent Registered Nurses pick up a large amount of work, and has resulted in care plans being reviewed by care support workers, which is not in line with the Ludlow Street policy.

Whole Hospital

- On the night of 24 September 2017 there were four Registered Nurses on duty covering the four wards. This did not allow for staff breaks or for cover if there was an incident.
- From the information received on 25 September 2017, the team was unable to determine that staff had received all necessary training, specifically around observations.

What next?

Following the visit HIW issued a Non-Compliance Notice on 27 September 2017, a copy is attached at Appendix A, setting out the most significant risk and asking the registered provider to respond by 6 October 2017. The Provider's response is included within the Notice.

HIW has held a formal meeting with the Registered Provider and Registered Manager setting out our concerns and asking for assurance that these will be addressed.

Appendix B sets out the improvement plan following the visit.

Appendix A – Non Compliance Notice

Healthcare Inspectorate Wales

Care Standards Act 2000

The Independent Health Care (Wales) Regulations 2011

Non Compliance Notice

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in HIW taking action in line with its enforcement policy.

Heatherwood Court

Llantrisant Road

Pontypridd

CF37 1PL

Date of Non Compliance Notice – 27/09/2017

The Registered Provider and inspection details.

Setting Name	Heatherwood Court, Llantrisant Road, Pontypridd CF37 1PL
Contact Telephone Number	02920394410
Registered Provider	Ludlow Street Healthcare Ltd
Registered Manager	Carla Rawlinson
No. of beds	47
Category	Mental Health
Date of inspection	24 & 25 September 2017
Lead Inspector	John Powell & Matthew Thomas

Areas of Non Compliance

The Registered Provider is not compliant with regulation 15(1)(a) of the Independent Health Care (Wales) Regulations 2011 regarding ensuring the welfare and safety patients.

An inspection was undertaken at midnight on 24 and on 25 September 2017 on both Cardigan and Caernarfon wards.

On Cardigan ward the team observed unsafe practice regarding observations, specifically the following:

1. No attempt to obtain visual confirmation that patients were ok only to knock their door and wait for answer. The Registered Nurse on shift on the night of the 24th confirmed this was their accepted practice.
2. Gaps in observational records
3. Members of staff were signing 24 hour sleep charts retrospectively and when they were not the staff member that carried out the check
4. The observation policy did not give staff sufficient guidance on how to undertake safe observation. The policy was not easily accessible by the Registered Nurse in charge.

The significant impact of the above means that the welfare and safety of the patients could not be assured.

The inspection team observed an observational round at 1.30am and during this process the care support worker knocked on the individual patient bedroom doors and quickly called. If the patient responded then there was no attempt to visually see the patient.

The Registered Nurse on duty confirmed that this was the accepted practice. However the unit manager on a different ward, the clinical lead, and other Registered Nurses later spoken with stated that patients should always be visually seen irrespective of whether they had been spoken with.

On the observational charts dated 22 September 2017 there were 3 gaps noted at various times during the 24 hour period for the two patients detailed on the chart.

The inspection team were told that monthly 24-hour sleep charts had been implemented recently. The team observed a member of staff check on a patient at 1.30am on 25th September 2017 and then not complete the 24 hour sleep chart. The team then observed a health care support worker complete the sleep chart for 2.30am but also signed the chart for the 1.30am check which they did not complete.

Description of Non Compliance/ Action to be taken	Timescale for completion	Regulation number	Registered Provider Actions.
<p>The registered provider and registered manager must ensure that staff undertake observations appropriately to ensure the welfare and safety of patients</p>	<p>7 working days</p>	<p>15(1)(b)</p>	<ul style="list-style-type: none"> • Managers to meet face to face to clarify the necessity to see patients as well as hearing a verbal response. • Email from General Manager with observation policy attached and guidance regarding requirements for undertaking observations effectively. • Update observation recording sheets to provide specific detail on how to undertake enhanced observations. • Review training materials and update as required to include more detail about enhanced observations and film scenario training videos for staff which will be available on the IT system. • Ensure hard copy of observation policy is in each nursing office and email to remind staff that the policy is also accessible via Staffnet. • Review enhanced

			observation policy according to the terms of reference of a current ongoing investigation into a serious untoward incident. Interim measures to address this are detailed above.
--	--	--	--

Appendix B – Improvement plan

Service: Heatherwood Court
Ward/unit(s): Cardigan & Caernarfon
Date of inspection: 24 & 25 September 2017

The table below includes 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	Service action	Responsible officer	Timescale
The registered provider and registered manager must ensure that staff undertake observations appropriately to ensure the welfare and safety of patients	15(1)(b)	<ul style="list-style-type: none"> Managers to meet with staff face to face to clarify the necessity to see patients as well as hearing a verbal response Email from General Manager with observation policy attached and guidance regarding requirements for undertaking observations effectively Update observation recording sheets to provide specific detail on how to undertake enhanced observations Review training materials and update as required to include 	Carla Rawlinson	Completed
			Andrew Keen	Completed
			Lisa Murphy	Completed
			Rebecca Conlon	Completed

Improvement needed	Regulation	Service action	Responsible officer	Timescale
		<p>more detail about enhanced observations and film scenario training videos for staff which will be available on the IT system</p> <ul style="list-style-type: none"> • Ensure hard copy of observation policy is in each nursing office and email to remind staff that the policy is also accessible via Staffnet • Review enhanced observation policy according to the terms of reference of a current ongoing investigation into a serious untoward incident. Interim measures to address this are detailed above 	<p>Rebecca Conlon</p> <p>Hazel Orr</p>	<p>Completed</p> <p>TBC Following completion of ongoing Root Cause Analysis investigation according to NHS England Serious Incident framework</p>
The Registered Provider must ensure that the patient status board in the nursing office in Cardigan ward should include the specific risk	15(1)(b)	<ul style="list-style-type: none"> • Add columns relating to access to risk items to patient status board • Add column regarding risk items 	Sarah Evans	Completed and confirmed during HIW

Improvement needed	Regulation	Service action	Responsible officer	Timescale
items for each patient.		to the restrictive practice database for monthly MDT review		annual visit commencing 30/10/17
The registered provider and registered manager must ensure that MDT decisions need to be communicated effectively to all staff.	15(1)(a) & (b)	<ul style="list-style-type: none"> • Review current processes • Discuss communication and dissemination of decisions at local governance, staff forum • Review morning handover record feedback sheets and reinforce their use 	Carla Rawlinson	30 th November 2017
The registered manager must undertake an audit across the whole hospital to ensure that patient beds facilitated easy access to the nurse call system.	26(1)(a)	<ul style="list-style-type: none"> • Undertake and audit of all bedrooms and bed positions, move beds so that all are next to nurse call system • Update daily security recording sheets to include a check that beds are next to the nurse call system • Update monthly environmental audit to include a check that beds are next to the nurse call system 	Carla Rawlinson, Rebecca Conlon and Unit Managers	Completed

Improvement needed	Regulation	Service action	Responsible officer	Timescale
The registered provider and registered manager must ensure that staff are aware that curtain poles are collapsible.	21(2)(b)	<ul style="list-style-type: none"> Update security training pack to ensure that staff are aware of the variety of anti-ligature fixtures and fittings across the site <p>NB – not all curtain poles on site are collapsible, many have anti-ligature snap links to attach curtain hooks to</p>	Sarah Evans	Completed
Electronic care records for Cardigan ward need to be completed for the night of 24 and day of 25 September.	23(3)(a)	Confirm that electronic record entries are present for night of 24 th and day of 25 th September 2017	Sarah Evans	Completed
The Registered provider must ensure that the zopiclone in the controlled drug cupboard on Cardigan Ward that belongs to an ex patient is disposed of appropriately.	15(5)(a)	<ul style="list-style-type: none"> Evidence provided to HIW to show that the zopiclone had been checked Dispose of zopiclone 	Sarah Evans Matthew Walters	Completed Completed
The registered provider and registered manager must ensure that care plans clearly state the level of observation required for the patients.	15(1)(b) 23(1)(a)	<ul style="list-style-type: none"> Review care plans for patients on enhance Add further information to enhanced observation recording sheets to ensure that all staff are aware of what each level of 	Rebecca Conlon Unit Managers	Completed

Improvement needed	Regulation	Service action	Responsible officer	Timescale
		observation requires from them		
The registered provider and registered manager must ensure that the backlog of patient recording documentation on Caernarfon ward is signed by the unit manager.	23(1)(a)	<ul style="list-style-type: none"> • Sign backlog of daily information packs 	Rachel Clapham	Completed
		<ul style="list-style-type: none"> • Unit Managers to introduce an appropriate archiving system for the daily information packs 	Unit Managers	Completed
The registered provider and registered manager must ensure all staff have received all necessary training and that this information is easily accessible.	20(2)(a)	<ul style="list-style-type: none"> • Devise training videos specifically in relation to undertaking enhanced observations • Ensure this is accessible to all staff via Q Drive • Introduce and monitor training log to ensure compliance • Devise and introduce a regular Unit Manager led audit to continually monitor that staff have viewed the videos 	Rebecca Conlon	Completed
The registered provider and registered manager must ensure that there is adequate Registered Nurse cover for the hospital, allowing for breaks and incidents.	20(1)(a)	<ul style="list-style-type: none"> • Review and discuss suitability current bronze on call cover • Discuss at budget meeting 	Carla Rawlinson and Operations Team	Decision by 31 st December 2017

Improvement needed	Regulation	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> Consider options for how this might be introduced to achieve this action 		

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): Carla Rawlinson

Job role: Registered Manager

Date: 03/11/2017