

Independent Mental Health Service Inspection (Unannounced)

New Hall Independent Hospital

Adferiad Ward, Clwyd Ward and
Glaslyn Ward

Mental Health Care (UK)

Inspection date:

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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 New Hall Independent Hospital (New Hall) on the evening of 20 November and following days of 21 and 22 November 2017. The following sites and wards were visited during this inspection:

- Glaslyn Ward - Low Secure - 12 beds
- Clwyd Ward - Locked Rehabilitation - 12 beds
- Adferiad Ward - Open Rehabilitation - 8 beds

Our team, for the inspection comprised of one HIW inspector, three 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 the 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 Health (Wales) Measure (2010), Mental Capacity Act (2005) 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

New Hall provided safe and effective care in a pleasant environment that was suitable to the patient group.

There was established multi-disciplinary team working and a stable workforce that provided consistent patient centred care. .

This is what we found the service did well:

- Ward staff and senior management interacted and engaged with patients respectfully
- Provided a range of suitable facilities in a well maintained and pleasant environment of care.
- Provided patient centred care to aid recovery and supported patients to maintain and develop skills.
- Established governance arrangements that provided safe and clinically effective care.
- High professional standard of record keeping that complied with relevant legislation and guidance.

This is what we recommend the service could improve:

- Ensuring appropriate mechanism are in place on fire doors
- Ensuring hand sanitizer gel dispensers are not empty
- Recording any unmet patient needs within Care and Treatment Plans.

We identified regulatory breaches during this inspection regarding Managing Risk and Health and Safety and Infection Prevention and Control; 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 a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

New Hall is registered to provide independent mental health care at New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.

The service has a total of 32 beds and provides male only care across the three wards. At the time of inspection, there were 23 patients.

The service was first registered on 1 April 2002.

The service employs a staff team which includes the Hospital Manager, Deputy Hospital Manager and Facilities Manager. A Consultant Psychiatrist, a Clinical Psychologist and two psychology assistants, two occupational therapists and four occupational therapy assistants, a social worker, a practice nurse, registered mental health nurses and healthcare support workers.

The day to day operation of the hospital was supported by dedicated teams of administration, estates, housekeeping and catering staff.

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 observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

The hospital provided patients, family, friends and staff with various opportunities to provide feedback on the care provision.

The hospital had been refurbished to high specification and was well maintained which provided a very pleasant environment of care. .

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at New Hall which assisted in maintaining and improving patients' wellbeing.

There was a range of health promotion and improvement information on display at the hospital which assisted in maintaining and improving patients' wellbeing. This included information on healthy eating, smoking cessation and healthy sleep patterns.

The registered provider had recently appointed a practice nurse¹ and patients were also able to access GP, dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate

¹ The practice nurse provided physical health care for New Hall and St David's Independent Hospital (MHC)

physical assessments and monitoring; which included My Physical Health² checklist to help patients identify any physical health needs they might have.

New Hall had a wide range of well maintained facilities to support the provision of therapies and activities. There were two full time occupational therapists; one designated to the low secure ward, Glaslyn Ward and the other occupational therapist designated to the two rehabilitation wards: Clwyd Ward and Adferiad Ward. Each occupational therapist was supported by two occupational therapy assistants to help facilitate assessments and activities.

Each ward had activity rooms, occupational therapy kitchen, lounges and meeting rooms. Within the communal area of the rehabilitation wards there was a large space used for community cinema and television nights, a pool table and a large activity room used for various activities and meetings.

There was a well equipped hospital gym, however at the time of the inspection no staff were trained in providing gym inductions for patients. The Hospital Manager confirmed that the employee who was qualified had left the organisation and that they were in the process of identifying suitable staff to undertake the required training.

The hospital had a horticultural area within the grounds, which included raised beds, a large poly-tunnel area, chicken run and coup. Patients could use this area to learn new skills with some patients having specific responsibilities for undertaking work within the horticultural area.

There were three designated hospital vehicles; two minibuses and one car. These enable staff to facilitate patient activities and medical appointments in the community.

Improvement needed

The registered provider must ensure that there are arrangements in place for patients to receive gym induction to enable them to safely use this facility.

² A physical health check for people using mental health services
<https://www.rcpsych.ac.uk/pdf/RethinkPHchecklist.pdf>

Dignity and respect

We observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

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.

Hospital policies and the staff practices observed contributed to maintaining patients' dignity and enhancing individualised care at the hospital. There were meetings to review and discuss practices to minimise the restrictions on patients at New Hall based on individual patient's risks.

There had been substantial refurbishment to the hospital with high specification furniture, fixtures and fittings throughout, which created a very pleasant environment of care.

Each patient had their own bedroom which they could access throughout the day. The bedrooms provided patients with a good standard of privacy and dignity. Bedroom doors automatically locked on closing which prevented other patients entering; staff could override the locks if required.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms which included lockable storage. Any items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely and orderly on each of the wards which patients would request access to.

Bedroom doors had viewing panels so that staff could undertake observation 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.

Bedrooms on Glaslyn Ward were en-suite with toilet, sink and shower. All bedrooms on Clwyd Ward, and one bedroom on Adferiad Ward, were en-suite which included a toilet and a sink. Despite this there were sufficient toilets and

showers on both wards to maintain patients' privacy and dignity without fully en-suite bedrooms.

Each ward had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There was also a very pleasant visiting room in the hospital reception area available for patients to meet with visitors, including child family members. However, some rooms within the hospital did not have signs on the doors to indicate what the rooms were; these would be beneficial to indicate to staff, patients and visitors what the rooms were.

There were pay phones on each ward so that patients could make telephone calls. The pay phones had privacy hoods that provided a degree of privacy for patients. In addition, there were suitable alternative arrangements on each ward so that patients were able to make and receive calls in a private room if required.

Improvement needed

The registered provider must ensure that appropriate signage is in place on doors.

Patient information and consent

There was a range of up-to-date information available within the hospital. Notice boards on the wards provided detailed and relevant information for patients. There was also a range of leaflets that explained areas of their care, medication and the hospital readily available for patients.

The information on display included patient activities, statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint and information on Healthcare Inspectorate Wales.

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.

Each ward had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, medical appointments and tribunals.

There were monthly meetings with the Hospital Manager where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns.

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.

The hospital also undertook an annual Patient Satisfaction Survey and an annual Family and Friends Survey. Reviewing the latest results of both of these indicated that patients, families and friends were highly satisfied with the care provided at New Hall. Where outcomes and comments were less favourable the hospital had provided actions that it would take to address any shortfalls.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and ward or hospital practices.

Each patient had their own individual activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place). Activities were varied and focused on recovery, either at the hospital or in the community.

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that the patients' equality, diversity and rights were maintained.

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

Citizen engagement and feedback

There were regular patient meetings to allow for patients to provide feedback on the provision of care at the hospital.

There was a complaints policy and procedures in place at New Hall. The policy provides a structure for dealing with all patients' complaints for services within the hospital.

Information was also available to inform relatives and carers, including on how to provide feedback

Delivery of safe and effective care

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

The hospital environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group.

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

Legal documentation to detain patients under the Mental Health Act were compliant with the requirements of the legislation.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed; however the registered provider must include, where applicable, patients' unmet needs.

Managing risk and health and safety

New Hall had established processes in place to manage and review risks and maintain health and safety at the hospital. This enabled staff to continue to provide safe and clinically effective care.

On arrival on the first night, the nurse who we met in the hospital reception was allocated as the Point of Contact, but was unable to provide specific details of the patient numbers and staffing on Glaslyn Ward. This information was only available on Glaslyn Ward, so contact with the ward was required to establish these details. During the inspection the registered provider developed a system that ensured that the Point of Contact had access to specific details of the patient numbers and staffing at the hospital.

Staff wore personal alarms which they could use to call for assistance if required. During the inspection we observed that when a personal alarm was activated there was an immediate response by staff to assist.

There were also nurse call points around the wards and within patient bedrooms, an improvement since our previous inspection, so that patients could summon assistance if required.

When required, patients received enhanced observation to maintain their safety or the safety of others. Staff were recording accurately that they completed the enhanced observations which helped maintain safety.

There was a secure computerised system in place for controlling and allocating ward and hospital keys to staff. This ensured that staff were only allocated keys that allowed them access to areas of the ward and hospital that they were authorised to enter. Staff retrieved the keys from a secure cabinet on each ward that required personal identification. Staff were unable to leave without returning their allocated set of keys to the secure cabinet, this significantly minimised the chance of staff leaving the ward with hospital keys.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental issues to the hospital estate team who maintained a log of issues and work required and completed. We were informed that there was a responsive hospital estates team and quick referrals to contractors when required.

During the inspection we observed one fire door wedged open on Clwyd Ward. This was a route patients could use to access a garden area, however if the fire door was closed patients could not easily gain entry from the garden. The registered provider confirmed that an appropriate fire door mechanism has been ordered that will shut automatically and therefore the fire door will not be wedged open.

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

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented, including who was involved and the body positions of each person involved in the restraint.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed. Additional reports could be produced as required to look at specific areas as required. The incident reporting system and reporting schedules ensured that incidents were recorded, reviewed and monitored to assist in the provision of safe care at New Hall.

Improvement needed

The registered provider must confirm that the appropriate mechanism is in place on the fire door on Clwyd Ward.

Infection prevention and control (IPC) and decontamination

The registered provider employs dedicated housekeeping staff for New Hall with the practice nurse acting as the infection control lead at the hospital.

A system of regular audit in respect of infection control was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the wards and were aware of their responsibilities around infection prevention and control.

Cleaning equipment was stored and organised appropriately and staff had access to Personal Protection Equipment (PPE) on each ward. Designated plastic bins were used for the safe storage and disposal of medical sharps, for example, hypodermic needles. These were stored safely.

Throughout the inspection we observed the hospital to be visibly clean and clutter free. There was access to hand washing and drying facilities in all ward, kitchen and bathing areas.

Hand hygiene products were available in relevant areas; however we noted that some hand sanitizer gel dispensers on Clwyd Ward were empty through the inspection, which impacts negatively on infection control routines.

Improvement needed

The registered provider must ensure that hand sanitizer gel dispensers are regularly checked to ensure that they don't become empty.

Nutrition

We found that patients were provided with a choice of meals on a four-week menu. We saw a varied menu and patients told us that they had a choice of what to eat. Patients had fresh fruit readily available and access to drinks on each ward.

Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religion requirements. The hospital maintained a list of specific dietary needs and wishes and the chef would discuss with patients what suitable options were available.

Patient feedback on the meals and menu options were collated and this assisted in the review and compiling the menu options. Patients we spoke with did not have concerns regarding the meals available.

As well as the meals provided, patients were able to use the occupational therapy kitchens to prepare their own meals which enabled them to maintain and learn culinary skills.

Medicines management

Medicines management on each of the wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital.

There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature.

Stock checks were undertaken weekly to ensure that medication was available. If medication become unavailable this would be documented on the registered provider's incident recording system, which would be investigated and provide lessons learnt from the outcome.

There were appropriate arrangements for the storage and use of Controlled Drugs, although there were no Controlled Drugs in use at the hospital and therefore none stored at the time of our inspection.

The Medication Administration Record (MAR) Charts reviewed contained the patients name, a photograph of the patient and their mental health act legal status. MAR charts included copies of the consent to treatment certificates and MAR charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

In addition, each ward kept a log of the nurse who'd completed each medication round. This provided an additional audit trail for medication administration in addition to the nurses' signature on the MAR Charts.

There were reviews of patients' medication during their multi-disciplinary team meetings. Where prescribed "as required" medication was used regularly this was discussed as a team to establish if it required to be prescribed as regular medication or if alternative options would be suitable.

Staff had access to relevant policies within the clinical areas and copies of the current British National Formulary (BNF)³

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.

Child visiting was available off the wards in a designated room.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a weekly audit of resuscitation equipment on each ward. Staff documented when these had occurred to ensure that the equipment was present. However, the check did not include ensuring that there were no out-of-date items within the resuscitation equipment, which we did identify on both Clwyd Ward and Adferiad Ward.

The Hospital Manager took prompt action in ordering replacement items for those out of date and updated the resuscitation equipment audit to include expiry date checks.

There were a number of ligature cutters located throughout the hospital in case of an emergency.

Improvement needed

The registered provider must confirm to HIW that replacement resuscitation equipment has been received.

³ The BNF aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines

Safe and clinically effective care

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

Clinical governance arrangements for the hospital fed through to Registered Provider's governance arrangements which facilitated a two way process of monitoring and learning.

Records management

Patient records were paper files that were stored and maintained within locked nursing offices. We observed staff storing the records appropriately during our inspection. Patient records were very well organised and the quality of entries were of a high professional standard.

There were good electronic systems in place for incident recording, clinical and governance audits and other organisational systems which assisted to the management and running of the hospital.

Mental Health Act Monitoring

We reviewed the statutory detention documents of five patients across the three wards. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act (the Act) at the hospital.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available to ward staff at the hospital. The renewal of detention was correctly applied on statutory forms and clearly documented within multi-disciplinary meeting records. However, there was no record made in the patient's daily entry records which would clearly inform ward staff that the detention had been renewed.

There were clear records of patients being informed of their statutory rights regularly throughout their detention.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. 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.

We also noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, was up-to-date and well recorded. Prior

to any authorisation of leave, the multi-disciplinary team completed a very detailed risk assessment. Following our conversations with the Mental Health Act Manager the Section 17 Leave authorisation template was updated with an area for staff to record if the patient had received a copy or not; as this was not explicit on the previous template.

Improvement needed

The registered provider must ensure that a record of renewals of detention are made in the patient's daily entry records.

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

We reviewed the care plans of a total of four 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.

Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence. These were developed with members of the multi-disciplinary team and included good physical health monitoring and health promotion. In one patient's care plan we noted the omission of a historical physical health need that had the potential for reoccurring. Appropriate assessments and referrals had been undertaken following admission to the hospital; however this had not been documented within the care plan which would assist staff if the physical health need reoccurred.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

However, it was also common that staff were not clearly documenting any unmet needs a patient may have whilst being cared for at the hospital. It is important that unmet needs are documented so that these can be regularly reviewed by the multi-disciplinary team to look at options for meeting those needs.

Improvement needed

The registered provider must ensure that patients' unmet needs are documented in their Care and Treatment Plans.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, staff confirmed that there were no patients subject to Deprivation of Liberty Safeguards (DoLS) authorisations.

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.

There was good management and leadership at New Hall supported by a committed staff team who had a good understanding of the needs of the patients at the hospital.

The hospital had established multi-disciplinary team working that welcomed the views of staff in an open and respectful manner. The hospital had stable staff resources that delivered consistent patient centred care.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior and regularly during employment. Staff undertook regular mandatory training, supervision and annual appraisals.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital 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. Those arrangements were recorded so that they could be reviewed.

It was positive to hear that the registered provider had joined professional standard accreditation organisations to drive the organisation to recognised professional standards, these focused on quality of care and the quality of patient experience. The Hospital Manager gave clear indication in continual

service development and future plans for accreditation in regards to workforce and management.

Through conversations with staff, observing multi-disciplinary team engagement, and reviewing patient records there was evidence of strong multi-disciplinary team-working at New Hall. Staff commented favourably on multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff.

It was positive that, throughout the inspection, the staff at new Hall were receptive to our views, findings and recommendations; which included implementing improvements during the inspection where possible.

Dealing with concerns and managing incidents

As detailed earlier, there were established processes in place for dealing with concerns and managing incidents at the hospital.

It was evident that the registered provider monitored concerns and incidents locally at new Hall and corporately through regular reporting mechanisms.

Workforce planning, training and organisational development

We reviewed the staffing establishment at New Hall; there were no nurse or health care support worker vacancies at the hospital. If there was a shortfall in fulfilling the staffing rota requirements the hospital utilised the hospital bank system. Infrequently the hospital had been required to use agency nurses, however reviewing records it was evident that these agency staff were individuals who were familiar with working at the hospital and the patient group, which assisted with the continuity of care for patients.

We reviewed the mandatory training statistics for staff at New Hall and found that completion rates were very high. The electronic system provided the facility manager with the course and individual staff compliance details. Staff also confirmed that they attended additional training and conferences relevant to their roles and stated that they felt the organisation invested in their professional development.

Staff were undertaking regular supervision and completing annual performance appraisal and development reviews (PADR).

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place at New Hall and we reviewed a sample of ten staff files. It was evident that there were systems

in place to ensure that recruitment followed an open and fair process; which records of application, interviews and communication held on each file. Prior to employment staff references were received, professional qualifications checked and Disclosure and Baring Service (DBS) checks were undertaken, and then renewed every three years.

The registered provider maintained agency staff files which included details of relevant training and employment checks.

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](#), [Mental Health \(Wales\) Measure 2010](#) 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
Not applicable	Not applicable	Not applicable	Not applicable

Appendix B – Improvement plan

Service: New Hall Independent Hospital

Wards: Adferiad Ward, Clwyd Ward and Glaslyn Ward

Date of inspection: 20 - 22 November 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 must ensure that there are arrangements in place for patients to receive gym induction to enable them to safely use this facility.	3. Health promotion, protection and improvement	Following losing our previous gym instructor, the training department has been contacted requesting suitable training courses for staff members at New Hall.	Margret Shannon / John Bromfield	1 month
		The Occupational Therapy department are making contact with local providers to establish potential candidates to offer gym instruction to New Hall patients.	Lee Bebbington	1 month

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that appropriate signage is in place on doors.	10. Dignity and respect	All door without signage have been identified and an order has been placed to purchase appropriate signage for the doors.	John Bromfield	2-4 weeks
		In the interim, temporary signage has been placed on the doors, to ensure everybody has clarity on what the room is used for.	John Bromfield	Complete
Delivery of safe and effective care				
The registered provider must confirm that the appropriate mechanism is in place on the fire door on Clwyd Ward.	22. Managing risk and health and safety	The appropriate mechanisms have been ordered and fitted.	Andy Bray	Complete
The registered provider must ensure that hand sanitizer gel dispensers are regularly check to ensure that they don't become empty.	13. Infection prevention and control (IPC) and decontaminati on	Refills for the dispensers have been fitted / replaced.	Beth Edwards	Complete
		Regular checks have been added to the domestic routine.	Beth Edwards	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must confirm to HIW that replacement resuscitation equipment has been received.	16. Medical devices, equipment and diagnostic systems	Following advice from Speeds Pharmacy, the items had a shelf life of 5 years so would have still been useable. However, on the guidance of HIW, all new equipment has been ordered and replaced.	Linda Hull	Complete
The registered provider must ensure that a record of renewals of detention are made in the patient's daily entry records.	Monitoring the Mental Health Act	Following the feedback from HIW, New Hall has ensured that record of renewals of detention are made in the patient's daily entry records.	Responsible Clinician	Complete
The registered provider must ensure that patients' unmet needs are documented in their Care and Treatment Plans	Monitoring the Mental Health (Wales) Measure 2010	All documentation has now been updated to include 'unmet needs'.	Linda Hull	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

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): John Bromfield

Job role: Hospital Manager

Date: 7 December 2017