Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Gellinudd Recovery Centre

Hafal

Inspection date:

12 - 14 March 2018

Publication date: 15 June 2018

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**

Digital ISBN 978-1-78903-832-3

Contents

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 Gellinudd Recovery Centre on the evening of 12 March and days of 13 and 14 March 2018. The following sites and wards were visited during this inspection:

- Gellinudd Recovery Centre

Our team, for the inspection comprised of one HIW inspector and two clinical peer reviewers (one of whom was the nominated Mental Health Act 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 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

Gellinudd Recovery Centre provided safe and effective care in a pleasant environment that was suitable to the patient group.

Care was recovery focused with significant consideration for the dignity and independence of patients.

Patients that we spoke with were very positive about their experiences at the service. .

This is what we found the service did well:

- All employees 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.
- High professional standard of record keeping that complied with relevant legislation.
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Arrangements for medicine management.
- The information displayed within the hospital for patients.
- Its establishment of registered nurses and other vacant multi-disciplinary positions.

We identified regulatory breaches during this inspection regarding medicine management; 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

Gellinudd Recovery Centre is registered to provide an independent mental health rehabilitation service at Gellinudd Recovery Centre, Lôn Catwg, Gellinudd, Pontardawe, Neath Port Talbot, SA8 3DX.

The service has a total of 16 beds across five wards; Meadow Suite, two beds; Spring Suite, three beds; Summer Suite, four beds; Autumn Suite, four beds; and Winter Suite three beds.

Gellinudd Recovery Centre is a mixed gender hospital with each ward being gender specific. At the time of inspection, there were four patients.

The service was first registered on 3 March 2017 and opened on 31 May 2017.

The service employees a staff team which includes a Recovery Centre Manager, Recovery Centre Co-ordinator, a psychiatrist and a team of registered mental health and general nurses, peer support workers[1] and recovery practitioners[2]. The day to day operation of the hospital was supported by dedicated teams of administration staff.

The registered provider has given clear consideration to the language used within the service. The hospital is called Gellinudd Recovery Centre, patients referred to as guests and workforce as practitioners. This report will use the terminology of the Independent Health Care (Wales) Regulations 2011 and the National Minimum Standards (NMS) for Independent Health Care Services in Wales, i.e. hospital, staff and patients.

[1] Members of staff who have previously been in contact with mental health services.

[2] Staff who provide direct care to patients but are not professionally registered, commonly known as healthcare support workers.

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 all staff interacted and engaged with patients appropriately and treated patients with great dignity and respect.

The hospital had been designed and furnished to high specification which provided a very pleasant environment of care.

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

Health promotion, protection and improvement

Gellinudd Recovery Centre had a range of well maintained facilities to support the provision of therapies and activities. There were two designated hospital vehicles; one minibus and one large car. These assisted staff to facilitate patient activities and medical appointments in the community.

Patients' records evidenced that patients were supported to be independent which was embedded through a positive risk taking philosophy of care. Patients were engaged and supported in undertaking Activities of Daily Living that promoted recovery and rehabilitation, such as preparing meals and other domestic activities. Patients had open access to the hospital kitchen and supervised support to the laundry room which included washing machine, tumble drier, ironing board and iron.

Throughout the inspection we observed patients partaking in a range of therapeutic and leisure activities. There was a wide range of resources available within the Activities Room and throughout the hospital including books, jigsaws, board-games and a pool table.

On admission to the hospital patients were provided with a detailed "Guest Information Leaflet" which provided patients with a range of information regarding their stay at Gellinudd Recovery Centre. Within the hospital there was information displayed for patients that included information about the hospital and advocacy service contact information.

During the inspection an additional notice board had been mounted within the large communal area. We advised the service that it would be beneficial if some additional information that was detailed in the Guest Information Booklet was displayed within the hospital, such as health promotion, Mental Health Act information and details on Healthcare Inspectorate Wales, including contact details.

It was note worthy practice that on admission to the hospital patients were provided with a welcome pack containing toiletries and other small items for personal care, along with a pair of slippers and a dressing-gown. This would ensure that patients would have these items readily available on arrival in case they had not brought any with them or were unable to locate amongst their other possessions.

Patients had direct access to a secure garden area so that they could access fresh air throughout the day or night. There was a contemplation garden that could be accessed with a member of staff which provided a peaceful area where patients could relax.

Dignity and respect

We observed that all employees: ward staff, senior management and administration 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; 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. It was note worthy that the registered provider had given great consideration to the language used at the hospital, both verbally by employees and documented in policies, information documentation and clinical records. This was in part to reduce the effect typical hospital language terminology can have on wellbeing and recovery of patients. Some of the examples used were referring to patients as guests, staff as practitioners, and bedrooms were not numbered but were individual named, such as the daffodil suite.

The hospital opened in May 2018; prior to this the registered provider had undertaken extensive refurbishment of the property. It was positive to note that

the design and refurbishment was undertaken in conjunction with stakeholders including people who had received treatment from mental health services.

The refurbishment was to high specification which included individual en-suite bedrooms; with toilet, sink and shower. The bedrooms and furniture, fixtures and fittings throughout hospital 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 high standard of privacy and dignity. Patients had electronic door fobs to access their ward and individual bedroom. 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 a number-lock safe. Items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely which patients would request access to.

Each bedroom door had an observation panel so that staff could undertake observations with minimal impact upon patients, particularly if the patient was asleep. It was noted that the default position for observation panels were closed and only opened with a specialist key to undertake an observation; this helped maintain patient privacy by preventing other patients seeing in to the bedroom. It was positive to note that the registered provider had given great consideration to the appearance of the observation panels; these were pleasant pictorial representation of the bedroom's name which meant the ward areas appeared less clinical.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. Patients could also meet with visitors at the hospital; this included a well equipped child visiting suite which was appropriately furnished for children with a good selection of toys. It was positive to note that the child visiting suite also had its own secure garden so that visits could be facilitated outside if wished.

Patients were able to use their own mobile phone at the hospital or they could use a portable hospital phone to maintain contact with families and friends. There was also the facility for patients to use online communication such as Skype.

Patient information and consent

As stated above, patients were provided with a Guest Information Booklet on admission with some information displayed within the hospital.

The patients that we spoke with stated that they were well informed of the care that they were received and happy with the communication from staff.

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.

The hospital had daily morning meetings to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, medical appointments and tribunals. In addition there was an evening meeting where patients could again discuss any matters regarding the hospital.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, their families and carers were also included in some meetings.

The hospital undertook surveys from patients, staff and any other visitors such as family members and visiting professionals. People could freely complete the short survey by using the electronic screen within the main lounge area. It was noted that outcomes of the surveys reviewed were positive.

The registered provider was in the process of developing a feedback board to be displayed in a communal area. This would display the outcomes of the survey and any actions taken in response to the survey or suggestions/concerns received by other means so that patients and others were kept informed.

Care planning and provision

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

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that the patients' equality, diversity and rights were maintained. The design of the hospital and organisation policies ensured an accessible environment for people who may have mobility or sensory needs.

Legal documentation to detain patients under the Mental Health Act (the Act) was compliant with the legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code).

Citizen engagement and feedback

There were regular patient meetings and surveys to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers, including on how to provide feedback.

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

It was note worthy that the hospital was engaging with local universities with three PhD studies being undertaken that provided the hospital with external evaluation as part of the academic research.

The registered provider was pro-actively engaged with peer organisations and individuals to develop and improve the service. In credit to the peer engagement, the hospital had won a GAMIAN-Europe[3] Peer Mentor Award.

The hospital was also active in the local community with patients working and volunteering in local organisations such as, holding community fates. The

[3] GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks-Europe), a patient-driven pan-European organization, represents the interests of persons affected by mental illness and advocates for their rights.

hospital also had an independent Expert Advisory Group that reviewed and advised practice and policies, which included members of the local community.

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, however improvements are required in medication management.

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

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed..

Managing risk and health and safety

There were established processes in place to manage and review risks and maintain health and safety at Gellinudd Recovery Centre. This enabled staff to continue to provide safe and clinically effective care.

Access to the hospital building was direct from the car park level which provided appropriate access for persons with mobility difficulties. The hospital entrance was secured to prevent unauthorised access.

There were also nurse call points around the wards and within patient bedrooms so that patients or staff could summon assistance if required.

Patients received regular observation to maintain their safety or the safety of others. Staff were recording accurately that they completed the observations which helped maintain safety.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. We were informed that there was a quick response to maintenance work including referrals to contractors when required.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date safety audits in place, including ligature point risk assessments.

Infection prevention and control (IPC) and decontamination

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately. Both the staff and patients have responsibility for maintaining the cleanliness of the hospital. There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs.

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 hospital and were aware of their responsibilities around infection prevention and control.

There were hand hygiene products available in relevant areas of the hospital; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

Nutrition

We found that patients were supported in fulfilling their nutrition needs. As part of patient rehabilitation care, staff supported patients to prepare their own meals or communal meals for patients and staff at the hospital. This equipped patients with cooking skills and additional skills in menu preparation and food shopping as part of their community focused rehabilitation activities.

It was positive to note that patients and staff prepared food and ate together; this provided a communal activity which engaged patients and staff. We sampled a selection of the meals available and found them to be of good quality.

There were suitable facilities available to patients for hot and cold drinks. We observed patients accessing the patient kitchen facilities throughout the inspection. It was noteworthy that each ward area had a drinks-bay which

enabled patients to make their own drinks throughout the day and night without requiring going to the main hospital kitchen.

There was limited information displayed regarding healthy eating, managing diabetes and food allergens for patients and staff. This would be of benefit to inform or remind staff and patients of these important areas.

Improvement needed

The registered provider should display information on healthy eating, managing diabetes and food allergens.

Medicines management

Medication was stored securely in cupboards and medication fridges locked within the locked clinic. 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.

However, improvements in the storage of Controlled Drug medication are required to meet NMC guidelines in respect of the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

This was in particular reference to the completion of a bound Controlled Drug log book as opposed to loose-leaf records that were in place at the time of the inspection. It was also noted that the recording of the use, stock checking and disposal Controlled Drug medication was completed by one registered nurse. It is recommended that the registered provider follow the NMC guidelines that state that two signatories (at least one registered nurse) record the use, stock checking and disposal of Controlled Drugs.

The Medication Administration Record (MAR) Charts reviewed 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.

However, whilst the front of the MAR Charts include the patient name, pertinent information required to be completed on the front page was omitted, such as allergy information. It is essential that the patient information on each MAR Chart is fully completed.

It was also noted that when medication was prescribed to be administered orally or intramuscular, these were not always prescribed separately on the

MAR Chart but on one line as oral or inter-muscular, this is poor prescribing practice. Medication should be prescribed separately for each route of administration.

It was positive that the registered provider had a self medication policy as part of the rehabilitation care at Gellinudd Recovery Centre for patients who were ready to start to take responsibility their own medication. This enabled patients to manage their own medication more independently prior to discharge.

Improvements are required in the process that was in place for "take home medication". Where patients were on leave from hospital for a number of days registered staff would provide patients with their required medication for the duration of their leave. Section 2 of the NMC Standards for medicines management[4] deem this practice as dispensing and should only be undertaken in exceptional circumstances, which planned leave would not be. The registered provider must ensure that their "take home medication" procedures follow NMC Standards for medicines management.

At the time of the inspection we noted that the hospital was experiencing difficulties with their external pharmacy in providing medication in a timely manner; this included medication for the emergency medication kit. We were assured at the inspection feedback that the registered provider would undertake an immediate review of their pharmacy arrangements to ensure that the required medication was available at the hospital.

It was also noted that there was no emergency medication list to inform staff and first responders of the content of the emergency medication kit. This would provide useful information for staff during an emergency and for audit checks to ensure that all items are present.

Staff had access to relevant policies within the clinical areas and copies of the British National Formulary (BNF)[5] were available.

---

[4] https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf

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

Improvement needed

The registered provider should ensure that a Controlled Drug logbook is used.

The registered provider should ensure that two signatories record the use, stock checking and disposal of Controlled Drugs

The registered provider must ensure that patient information on each MAR Chart is fully completed.

The registered provider must ensure that medication is prescribed separately for each route of administration.

The registered provider must ensure that their take home medication process follows NMC Standards for medicines management.

The registered provider should ensure that there is an emergency medication list visible with the emergency medication kit for staff and first responders.

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.

As detailed above a child visiting suite was available with its own garden area that assisted in safely facilitating child visitors.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital including a nightly audit of resuscitation equipment. Staff documented when these had occurred to ensure that the equipment was present.

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

Safe and clinically effective care

Overall, we found arrangements in place that helped ensure that staff provided safe and clinically effective care for patients. However, as detailed above improvements are required in medicine management.

Participating in quality improvement activities

As stated earlier in Citizen Engagement and Feedback the registered provider was actively involved in quality improvement activities such as engaging with local universities other peer led organisations.

Records management

Patient records were paper files that were stored and maintained within locked 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.

Entries in patient records and other documentation were of a good professional standard. It was positive to note that entries by staff, including incident reports, were respectful of the patient and provided clear and objective information.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across three of the wards. Mental Health Act documentation was managed by an experienced Mental Health Act Administrator. We found that there were robust systems in place for managing and auditing statutory documentation and that the records were very well organised and in good order.

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

The renewal of detention was correctly applied on statutory forms and clearly documented within patient records. It was also evident that those patients' detentions were reviewed by the Mental Health Review Tribunal and at Hospital Managers[6] Hearings, when applicable or required.

---

[6] The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

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.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, these were up-to-date and well recorded. It was positive to note that patients had an individualised leave plan in case that they felt that they needed additional support from the hospital during their leave. This included what actions the patient should take to make contact with hospital staff and if required how to arrange to return to the hospital earlier than expected.

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

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

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.

However, the most up to date Care and Treatment Plan (CTP) was not always within the patients' files. Where this was the case staff were able to provide the most up to date version from the shared computer system.

Staff explained to us that on a patient's admission they often had difficulty receiving the most recent CTP from the previous provider. Staff evidenced the efforts that they had made to try and retrieve the most up to date version. We noted in some cases that this had resulted in delays in the development of the new CTP at Gellinudd Recovery Centre.

Whilst we understand that it is helpful for staff to refer to the previous CTP when developing the new CTP, the lack of the previous CTP should not prevent a new CTP being developed. In one of the cases we reviewed despite the lack of the previous CTP staff had sufficient information from other clinical records to develop a new CTP.

Improvement needed

The registered provider must ensure that up to date Care and Treatment Plans are developed in a timely manner from admission.

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 supported by a committed and enthusiastic staff team who had a good understanding of the needs of the patients at the hospital.

The hospital had established workforce that welcomed the views of each other in an open and respectful manor. However, the registered provider needs to recruit to their vacant nursing and multi-disciplinary team posts.

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 that organisational policies were reviewed by the independent Expert Advisory Group which provided external assurance and viewpoint on hospital practices.

Through conversations with staff, observing multi-disciplinary team engagement, and reviewing patient records there was evidence of strong multi-disciplinary team-working. Staff commented favourably on multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff. Staff spoke positively about working at the hospital and appeared well motivated and enthusiastic throughout the inspection.

Throughout the inspection we observed very respectful and honest relationships between all staff members, peer support workers, student nurses and the patients, providing positive feedback and compliments to each other.

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

Dealing with concerns and managing incidents

There was a complaints policy and procedures in place. The policy provides a structure for dealing with all patients' complaints. At the time of the inspection the hospital had not received any formal complaints since it opened. Staff explained that patients were often forthcoming with their views on the service and had regular opportunity to raise any concerns with staff throughout the day or at regular meetings. Staff stated that they were open and honest with patients and where possible any concerns were addressed quickly which they felt prevented formal complaints being raised.

Patients we spoke with were complimentary about the service that they received and the hospital and confirmed that they did not have reason to complain about the service. Patients also stated that they felt confident in raising a concern if they had one. The patient survey results we reviewed highlighted that patients were happy with the care that they received at the hospital.

There was an established process in place for reporting and reviewing incidents, including referral to external statutory organisations as required. We reviewed a sample of incident records which documented the detail of the incident including the persons involved. The incident records stated the actions taken and lessons learnt.

The registered provider monitored incidents through its Health and Safety Committee. Information from the committee and any actions required would be feedback to senior managers at Gellinudd Recovery Centre.

The independent Expert Advisory Group would also review any serious incidents that occurred at the registered provider; no serious incidents had occurred since the hospital opened.

Workforce planning, training and organisational development

We reviewed the staffing establishment at Gellinudd Recovery Centre against that stated within their Statement of Purpose. It was positive to note that the multi-disciplinary team was well established and the records we reviewed and through conversations with staff it evidenced collaborative multi-disciplinary team working. However there were three registered nurse vacancies and an occupational therapist vacancy. It was evident that the registered provider was attempting to recruit to these vacancies to reflect their workforce as described in their Statement of Purpose.

Despite the lack of occupational therapist, the focus of the service was still on recovery and it was evident that patients were receiving care/activities that would support their recovery.

Due to the hospital only providing care for 4 patients (out of 16 beds) at the time of the inspection, staffing was manageable from their current establishment as they required less staff than if there were higher occupancy. Where there were shortfalls in fulfilling rota, i.e. due to sickness, the registered provider's bank staff would be used; otherwise the registered provider would use agency staff to ensure that the hospital was sufficiently staffed.

On the first evening of our inspection an agency nurse was working due to short-notice sickness from a regular employee. It was positive to note that the agency nurse was knowledgeable of the patient group and essential information on the hospital, including emergency procedures. Due to our unannounced arrival staff at the hospital contacted senior management via the registered provider's on-call arrangements and the Recovery Centre Manager attended to support the night staff.

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that completion rates were high. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the courses completion rates and individual staff compliance details.

Improvement needed

The registered provider is requested to provide an update on the recruitment to registered nurse and other multi-disciplinary team vacancies.

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place. It was evident that there were systems in place to ensure that recruitment followed an open and fair process; with records of application, interviews and communication held on each file.

Prior to employment staff references were received, professional qualifications checked and Disclosure and Barring Service (DBS) checks were undertaken.

Therefore we were assured that recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior to employment.

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
No immediate concerns were identified on this inspection.	Not applicable	Not applicable	Not applicable

Appendix B – Improvement plan

Service: Gellinudd Recovery Centre

Ward/unit(s): Gellinudd Recovery Centre

Date of inspection: 12 - 14 March 2018

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				
No improvements identified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Delivery of safe and effective care				
The registered provider should display information on healthy eating, managing diabetes and food allergens	14. Nutrition	Actioned- the following information is now displayed on the notice board: Food allergens Thinking about your drinking Eatwell guide.	Registered Manager	Implemented

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		We are attempting to source poster on diabetes management to display in treatment room. Please note that we do not wish the communal areas of the Recovery Centre to appear as a clinical room or health promotion library with multiple posters. Guests are provided with information on healthy eating and managing diabetes on an individualised basis		1 Month
The registered provider should ensure that a Controlled Drug logbook is used.	15. Medicines management	Control drugs book ordered and now in use.	Registered Manager	Implemented
The registered provider should ensure that two signatories record the use, stock checking and disposal of Controlled Drugs.	15. Medicines management	Actioned	Registered Manager	Implemented
The registered provider must ensure that patient information on each MAR Chart is fully completed.	15. Medicines management	Responsible Clinician informed	Registered Manager	Ongoing
The registered provider must ensure that medication is prescribed separately for each route of administration.	15. Medicines management	Responsible Clinician informed	Registered Manager	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that their take home medication process follows NMC Standards for medicines management.	15. Medicines management	New pharmacy arrangements in place and they will ensure that each guests take home medications are dispensed in dosset boxes.	Registered Manager	One Month
The registered provider should ensure that there is an emergency medication list visible with the emergency medication kit for staff and first responders.	15. Medicines management	Actioned	Registered Manager	Implemented
The registered provider must ensure that up to date Care and Treatment Plans are developed in a timely manner from admission.	Mental Health (Wales) Measure 2010	To ensure that referral information is used to start creating care and treatment plans upon admission.	Registered Manager	Ongoing
Quality of management and leadership				
The registered provider is requested to provide an update on the recruitment to registered nurse and other multi-disciplinary team vacancies.	25. Workforce planning, training and organisational development	Vacancies advertised on Tracs and in the Evening Post. Two posts have been filled (one RMN to start September ’18) and (one RMN to start by June ’18). Further interviews over the next two weeks. Two new recovery practitioners due to	Registered Manager	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		start by June with adverts out to increase our bank staff. Occupational Therapist post is going back out to advert and contact has been made with the College of Occupational Therapists for advice.		

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):

Job role:

Date: