Independent Mental Health Service Inspection (Unannounced)

Rushcliffe Mental Health Hospital

Aberavon

Inspection date: 30 November – 02 December 2021

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Contents

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Rushcliffe Independent Hospital on the evening of 30 November and following days of 1 December, and 2 December 2021.

Our team, for the inspection comprised of two HIW inspectors and three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). A HIW inspection manager led the inspection.

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

We found a dedicated staff team that were committed to providing a high standard of care to patients.

We observed staff interacting with patients respectfully throughout the inspection.

Patients we spoke to told us they were happy and stated that they were receiving good care at the hospital.

Staff were positive about the support and leadership they received.

However the level of cleanliness in some patient areas require improvements.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients were provided with a good range of therapies and activities
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Some patients areas require redecorating
- Cleanliness and refurbishment of patient kitchen
- Timeliness of patient reviews in accordance with Mental Health Act.

3. What we found

Background of the service

Rushcliffe Hospital, Aberavon is registered to provide an independent locked mental health rehabilitation service at Rushcliffe Hospital, Scarlet Avenue, Aberavon, Port Talbot, SA12 7PH.

The service is an 18 bedded facility for males. At the time of the inspection there were 16 patients at the hospital.

The service was first registered on 8th July 2009.

The service employs a staff team that includes a hospital director, a team of registered mental health nurses, multi-disciplinary team members that include a clinical consultant forensic psychiatrists, psychologist and occupational therapist and activities co-ordinator.

Dedicated teams of administration staff, maintenance and catering and domestic staff supported the day-to-day operation of the hospital.

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 staff interacting and engaging with patients appropriately and we observed staff treating patients with dignity and respect.

Patients we spoke to told us they were happy and receiving good care at the hospital.

There were a range of suitable activities and therapies available in Rushcliffe, to aid patients' rehabilitation.

Health promotion, protection and improvement

Rushcliffe had a range of facilities to support the provision of therapies and activities along with regular access to the community for patients that were authorised to leave the hospital. However, due to the restrictions of the COVID-19 pandemic, patients have been accessing leave less frequently following government and organisational guidance.

Memberships to a local gym and other leisure activities within the community are available for patients to access whilst on Section 17 leave[1]. Staff had access to three designated hospital vehicles which enabled staff to facilitate patients' activities, voluntary work placements and medical appointments in the community.

Patients were able to access GP, dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

[1] Section 17 leave allows the detained patient leave from hospital

We observed patients and staff participating in a range of activities throughout the inspection. These activities included snooker, playing board games, daily walks and music activities. A wood work room was also available for patients to use on request.

Daily patient meetings take place to provide patients with information on any external appointments and activities that were scheduled for the day.

Dignity and respect

We noted 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 observed staff taking time to speak with patients and address any needs or concerns the patients raised; this demonstrated that staff had responsive and caring attitudes towards the patients.

Each patient had their own bedroom with en-suite facilities which they could access throughout the day; the bedrooms provided patients with a good standard of privacy. Patients were able to lock their own bedrooms which staff could over-ride if required. We observed a number of patient bedrooms and it was evident that patients were able to personalise their rooms and had sufficient storage for their possessions.

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

Rushcliffe had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There were arrangements for telephone access so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their own mobile phones.

Due to Welsh Government restrictions associated with Coronavirus (COVID-19) legislation, visitors were encouraged to meet in local community facilities. However, patients could maintain contact with family and friends by telephone and video calls.

Hospital policies and the staff practices we observed, contributed to maintaining patients' dignity and enhancing individualised care at the hospital. There were

regular ward meetings to review and discuss practices to minimise the restrictions on patients based on individual patient's risks.

Patient information and consent

A patient information guide is available to patients and their relatives/carers, along with the hospital's written statement of purpose. We saw advocacy posters that provided contact details about how to access the service. Registration certificates from Healthcare Inspectorate Wales and information on how to raise a complaint were on display.

Representatives from the advocacy service were visiting patients, and in addition patients were able to contact a representative of the statutory advocacy service either by telephone or making an appointment to speak to a representative which would be facilitated via video calls.

Communicating effectively

All patients we spoke with stated that they felt safe and able to speak with a staff member should they need to. Patients told us they were happy at the hospital and that staff were kind and helpful. There was clear mutual respect and strong relational security between staff and patients.

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.

Patients that we spoke with confirmed that staff communicated clearly and that they understood their care. Patients also stated that they felt listened to.

We frequently observed patients and staff engaged in activities together. The hospital director and clinical psychiatrist were observed talking to patients who responded well to them both, evidencing that they had spent time getting to know the patients on an individual basis. It was clear to see that the hospital director and clinical psychiatrist were familiar and friendly faces to the patients.

We also noted the consultant psychiatrist engaged in activities with the patients. This was highlighted as an area of good practice on the inspection as this type of engagement can support the process of recover for patients and builds up a good working relationship between the patient and psychiatrist.

There were a number of meetings involving patients and staff. These meetings included formal individual care planning meetings and group community meetings.

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 hospital practices.

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

We saw evidence that monthly multidisciplinary reviews were being undertaken with patients fully involved in the process. We also saw that care plans were person centred with support provided in a structured way to enable patients to achieve individual goals. Our findings showed clear evidence of multidisciplinary involvement in the care plans; this helped support the hospital in being able to deliver comprehensive care to the patients.

Equality, diversity and human rights

Established hospital policies and systems ensured that patients' equality, diversity and rights are maintained. Mental Health Act detention papers had been completed correctly to detain patients at the hospital.

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 on how to provide feedback. We saw evidence of recent patient surveys and action plans demonstrating how the hospital was implementing improvements and changes based on the outcome of the patient survey.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital.

A sample of informal and formal complaints we reviewed showed that an independent person was assigned to investigate the complaint and actions were taken in line with the organisation’s complaints policy to ensure that complaints were dealt with appropriately at the hospital.

Complaints were also recorded in individual patient records along with the outcome of the complaint. The hospital director oversaw the complaints process and associated actions. Patients we spoke with also had knowledge and understanding of the complaints process.

Delivery of safe and effective care

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

Whilst overall the physical environment at Rushcliffe was maintained to a good standard, we identified some areas that require improvement.

We found that staff were completing clinical processes and documentation as required.

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 was compliant with the requirements of the legislation. However some further improvements are required regarding the administration of the Act.

Managing risk and health and safety

Access to the hospital was via an open car park to the front. In the daytime there was a small open foyer with a locked door into reception. This was accessible via key fob. At night this foyer is locked. Access to the ward was only possible through an air lock system at the rear of reception. The whole hospital is fully accessible for those with restricted mobility and wheelchairs.

Staff wore personal alarms and two-way radios which they could use to call for assistance if required. There were also nurse call points around the hospital and within patient bedrooms adjacent to their beds so that patients could summon assistance if required.

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 were weekly audits of resuscitation equipment; staff had documented when these had occurred to ensure that the equipment was present and in date.

The hospital had a business continuity plan in place that included the service's responses to such things as adverse weather, utility failures and outbreak of infectious disease.

The woodwork room was a popular facility for the patients where they could be creative under supervision by staff to build items of their choice using the tools and materials provided. The room was still cluttered as it was also used to store the bicycles and fishing equipment. We made the same observation and recommendation for improvement following our last inspection in 2018; it is important that an alternative storage solution for bikes and fishing equipment is provided at the hospital.

The inspection team considered the hospital environment during a tour of the hospital on the first night and the remaining days of the inspection. The inspectors' observations concluded that some areas of the hospital required improvements as some areas were not clean and require redecoration.

A number of the kitchen cupboards in the patients' kitchen were broken and the standard of cleanliness was poor. Rotten fruit was observed in one of the kitchen cupboards on the first evening of the inspection and remained there for the duration of the inspection. Areas where further improvements are required to improve patient experience were as follows:

- Microwave was discoloured and rusty
- Both electric cookers have rust surrounding the hobs
- Seals broken at the rear of the kitchen work tops
- Sealed joins between floor and walls on the corridor leading to patients bedrooms were dirty and dusty
- Laundry room was untidy and disorganised
- Some of the patient communal areas require re-painting to make these areas more pleasant.

The registered provider must ensure that the kitchen is refurbished as this was a recommendation made during our previous inspection that took place in 2018.

Improvement needed

The registered provider must ensure that:

- Refurbishment of patients kitchen is undertaken

- Microwave and oven tops are replaced
- Kitchen and patient corridors are clean and free from dust and debris
- Laundry room is organised
- Patient communal areas are re-painted.

Infection prevention and control (IPC) and decontamination

A system of regular audit of infection control arrangements 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. Staff were aware of their responsibilities around infection prevention and control and staff were observed undertaking cleaning duties effectively.

The hospital was overall clean, tidy and organised. Cleaning equipment was stored and organised appropriately. There were hospital laundry facilities available so that patients could undertake their own laundry with an appropriate level of support from staff based on individual needs.

We saw evidence to confirm that Rushcliffe hospital conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic.

Staff we spoke to were aware of infection control obligations. We also examined COVID-19 documents, which had been produced to support staff and ensure that staff remained compliant with policies and procedures. On the first night of the inspection staff demonstrated that they were compliant with COVID-19 protocols for visitors and ensured that the inspection team complied with the hospital's procedures.

Rushcliffe had set aside an area where if a patient became symptomatic, they could be isolated and barrier nursed in their bedroom within a protected area. Additional cleaning schedules were also in place. We observed staff complying with these procedures whilst the inspection was ongoing due to some symptomatic cases.

Regular communication via meetings, information boards, and emails ensured everyone has up to date advice and guidance on COVID-19.

During our discussions, no issues were highlighted in relation to access to Personal Protection Equipment (PPE). PPE, including masks and gloves were

available at the ward entrance and bins were provided for the disposal of equipment. Staff were wearing masks in communal areas and on the ward.

Nutrition

Patients were provided with meals at the hospital which included breakfast, lunch and evening meal. Patients choose their meals from the hospital menu that was on a three week cycle. This was displayed in the main communal area of the ward.

There is also a facility to adjust meals to suit certain dietary requirements. Patients also had access to snacks along with hot and cold drinks that they could make themselves in the patient kitchen up until 11pm.

Patients gave generally positive views on the meals provided at the hospital. Patients were also able to cook their own food if and when required. Patients also told us that they can buy and store drinks and snacks in their bedrooms. As well as the meals provided, patients were able to purchase food when out in the community.

Medicines management

Medicines management on each of the wards was safe and effective. Medication was stored securely within lockable cupboards and medication fridges. However, on the first night of the inspection the medication fridge was unlocked. This was brought to the attention of the nurse in charge and the fridge remained locked for the rest of the inspection.

There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital. There was also a process in place if emergency medication orders were required.

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.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records we viewed evidenced that twice-daily checks were conducted with the appropriate nursing signatures confirming that the checks had been carried out.

The Medication Administration Records (MAR Charts)[2] reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages, their Mental Health Act legal status and all consent to treatment forms were present with the charts.

We observed a number of medication rounds, and saw that staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

During examination of patient surveys it was noted that a low percentage was recorded against patients who did not feel that medication was explained to them. It was positive to see that as a result of this survey the hospital director had worked alongside the hospital pharmacy provider to produce documentation and easy read guides to help patients understand their medication.

Improvement needed

The registered provider must ensure that the medication fridge in the clinical room is locked at all time.

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. During discussions with staff they were able to demonstrate the process of making a safeguarding referral.

Through conversations with the hospital manager it was evident that the hospital had built up a close working relationship with the local authority. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their patients.

[2] A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

Medical devices, equipment and diagnostic systems

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. There were up-to-date safety audits in place, including ligature point risk assessments.

Safe and clinically effective care

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

There was an established electronic system in place for recording, reviewing and monitoring patient safety 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 staff member involved in the restraint.

When restraint or verbal de-escalation are used there is an incident form completed; the incident is then discussed at governance meetings and any lessons learned are shared with staff. Debriefs take place following incidents and this process is used as a learning and reflective practice technique supported by psychology.

The hospital director spoke passionately about least restrictive practice being used at the hospital. The hospital director encouraged and ensured that all staff worked with patients towards maintaining a least restrictive model of care at the hospital.

During the review of hospital's figures for physical intervention, these figures reflected that physical intervention is used infrequently at the hospital. This demonstrated that the use of least restrictive model of care was being used effectively at the hospital focusing on therapeutic engagement between staff and patients which created a relaxed ward atmosphere.

Participating in quality improvement activities

During our discussions with the hospital director we were provided with numerous examples where they were reviewing the service provision and looking to develop some aspects of the hospital.

It was noteworthy that the hospital was engaging with local universities with student nurses attending placements and that these students also supported the hospital staff bank system.

Links with local colleges, leisure centres and community initiatives ensured that patients had access to courses and activities, enabling patients to participate in meaningful activities during their time at the hospital and when they are also on unescorted leave.

Staff at the hospital were also trained in a variety of different psychological therapies, offering patients opportunities to access different types of therapies at the hospital.

It was also positive to hear the hospital director speak about links developed with external partners such as the police, local authority and West Glamorgan Controlled Drugs Intelligent Network. The development of these partnerships helped the hospital director to support patients when accessing community leave and have a broader understanding of issues which may impact upon patient recovery when on leave from the hospital.

Information management and communications technology

The computerised patient record systems were well developed and provided high quality information on individual patient care. The system was comprehensive, and easy to navigate.

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

Records management

Patient records were electronic and password protected to prevent unauthorised access and breaches in confidentiality.

It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries that provided a live document on the patient and their care.

We saw that staff were completing care documentation and risk assessments in full.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients in the hospital.

All patient detentions were found to be legal according to the legislation and well documented. Records and documents were stored securely and held in the Mental Health Act administrator's office. The records we viewed were well organised, easy to navigate and contained detailed and relevant information.

There were two members of staff who carried out the Mental Health Act Administrators role alongside other duties.

The statutory documentation reviewed verified that the patients were legally detained. However we identified that a number of patient's detentions had not been reviewed in a timely manner by hospital managers' review panels.

In one patient's record, the patient's section was renewed in January 2021, however there still not been a managers' hearing. Similar issues around managers' hearings being delayed were also identified in other patients' notes. The registered provider must ensure that managers' hearing are convened in a timely manner.

It would be beneficial for the Mental Health Act (MHA) Administrators to undertake an audit on records and statutory documentation of all patients in the hospital to ensure that no further delays are encountered with managers' hearings. In addition it would be useful for the MHA Administrators to become active members of the All Wales Mental Health Act Forum to share best practice for continuous improvements.

All staff have Mental Health Act training as part of the induction programme and specific Mental Health training is part of staff mandatory training modules.

Improvement needed

The registered provider must ensure that:

- Managers' hearings are undertaken in a more timely manner
- Audits on patient MHA records should be undertaken to identify any additional delays.

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

We reviewed the care plans of six patients. We reviewed a sample of care files and found that they were maintained to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

There were comprehensive needs and risk assessments completed throughout the patient admission which directly linked to the plan of care and risk management strategies implemented on the ward. There was clear evidence of multidisciplinary involvement in the care plans, which reflected the domains of the Mental Health (Wales) Measure 2010.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations.

We saw evidence of comprehensive risk assessments on patients' records and in some cases we saw the development of positive behavioural support plans to identify risk.

Comprehensive physical health monitoring included preventative age related primary care screening such as prostate and bowel screening and diabetic care planning.

We identified that the annual Care and Treatment Plan reviews were not recorded in the main body of the patient notes. In order to comply with statutory requirements it is important that minutes of the meetings form part of the main patient records.

It was positive to see that care files clearly demonstrated patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included the views of the patients and quotes from the patients were used to reflect their views. Overall, the nursing documentation viewed was very good and physical assessments were well completed.

Improvement needed

The registered provider must ensure that Care and Treatment Review meetings are kept in patient notes.

Quality of management and leadership

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

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior to and regularly during employment.

There was dedicated and passionate leadership displayed by the hospital director who is supported by a committed multidisciplinary team.

Mandatory training, supervision and annual appraisal completion rates were generally high.

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 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.

There was dedicated and passionate leadership displayed by the hospital director who was supported by committed multi-disciplinary teams. The team was a cohesive group of leaders and interviews with them demonstrated that they valued and cared for the staff and patients.

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

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.

Arrangements were in place to disseminate information and lessons learned to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Workforce planning, training and organisational development

We observed good team working at the hospital. It was positive to hear the impact and significant benefit that disciplines including psychology, occupational therapy and activities co-ordinators were having on the patient group.

It was really positive to see the multi-disciplinary team working together and throughout the inspection we observed some very positive interactions with patients.

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 course completion rates and individual staff compliance details.

The hospital director also told us about a scheme introduced at the hospital where an external psychologist from another local hospital attends on a monthly basis to undertake reflective practice with staff. This provides additional independent support to staff.

In addition the hospital director had set up a Friday drop in clinic where all patients could attend to discuss any issues they may have. The hospital director would be present along with the consultant psychologist. This clinic provided the patients with an opportunity to discuss any personal issues outside of the ward round meetings and provided further opportunities for patients to meet on a more informal basis with the hospital director and clinical psychiatrist.

A staff member had also recently been appointed as the deputy manager, demonstrating that there were opportunities for staff members to progress and develop at the hospital.

Workforce recruitment and employment practices

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

Therefore, we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the heads of care.

The hospital had a clear policy in place for staff to raise any concerns. Occupational health support was also available and staff spoke highly of the welfare support provided by the management team. There were good systems in place.

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, measurable, 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			

Appendix C – Improvement plan

Service: Rushcliffe Hospital

Date of inspection: 30 November – 2 December 2021

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
Delivery of safe and effective care				
The registered provider must ensure that a refurbishment of the patient kitchen is undertaken.	12. 1Environment	Refurbishment will commence on 01.03.2022. Please see attached screenshot of email confirmation from Rushcliffe's Health & Safety Officer.	David Kwei & Graham Godfrey	End of March 2022
The registered provider must ensure that the microwave and oven tops are replaced in the patient kitchen area	12. Environment	As above. Induction Hobs will be included in the refurbishment. Microwave has been replaced (photo attached).	David Kwei & Graham Godfrey	End of March 2022
The registered provider must ensure that kitchen and patient corridors are clean and free from dust and debris.	12. Environment	Sealant has been replaced on patient corridors and a new cleaning rota has	Andrew Williams (maintenance) &	End of January 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		been implemented. Please see attached cleaning rota.	Vicky Williams (Housekeeping)	
The registered provider must ensure that the laundry room is tidy and organised.	12. Environment	Velcro name tags have been created to attach on the washing machine/ tumble drier to identify who's items are in the machine.	Nurse in Charge Amanda Johnson, Deputy Hospital Manager	End of January 2022
The registered provider must ensure that patient communal areas are repainted	12. Environment	We have received one quote, awaiting second quote (28.01.2022) and job will be authorised to commence.	Andrew Williams & David Kwei	End of March 2022
The registered provider must ensure that the medication fridge in the clinical room is locked at all time.	15. Medicines management	Sign on fridge to remind staff to lock it after use. Random checks by management.	David Kwei & Amanda Johnson	End of January 2022
The registered provider must ensure that managers hearings are undertaken in a more timely manner	20. Records	Manager Hearings have been booked in advance. Please see attached 'grab sheet'.	Amy Jones MHAA	End of January 2022
The registered provider must ensure that audits on patient MHA records should be undertaken to identify any additional delays.	20. Records	Please see attached audit document that is in place.	Amy Jones MHAA	End of January 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that Care and Treatment Review meetings are kept in patient notes.	20. Records	Clinical audit document and MHA audit document have been amended to include this. Please see attached.	David Kwei Amy Jones Amanda Johnson	End of January 2022

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): David Kwei

Job role: Assistant Director of Rushcliffe Hospitals in Wales

Date: 27.01.2022