Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Coed Du Hall Hospital

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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 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 Coed Du Hall on the evening of 28 February 2022 and following days of 1 and 2 March.

The following sites and units were visited during this inspection:

- Ash Unit - Seven bed unit for female patients
- Beech Unit - Five bed unit for male patients
- Cedar Unit – Mixed gender unit for up to six patients
- Studio Suite – Mixed gender suite for four patients.

At the time of the inspection there was only one patient accommodated in the studio and the inspection team did not visit this area.

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

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

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 requires improvement and patient care plans could also be improved.

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 patient areas require redecorating
- Cleanliness of the hospital
- Review and update ligature audit
- Staff usage of alarms or radios
- Patient care plans
- Staff recruitment into vacant posts.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

We identified regulatory breaches during this inspection regarding staff knowledge of where oxygen cylinders are kept and how staff could access the oxygen cylinder in an emergency. 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

Coed Du Hall is registered to provide an independent hospital at Coed Du Hall, Nant Alyn Road, Rhydymwyn, Mold, CH7 5HA.

The service has 22 registered beds and comprises of Ash Unit with seven beds, Beech Unit with five beds, Cedar Unit with 6 beds and four single bed Studio Suites; Ash Unit and Beech Unit are gender specific Units.

Ash Unit and Cedar Unit accommodates patients between the ages of 18 and under 65 years and Beech Unit for patients aged over 65. The hospital accommodates patients whose primary need for care and treatment arises from a diagnosis of mental illness. At the time of inspection, there were ten patients.

The service employs a hospital manager, however at the time of the inspection the current hospital manager was leaving and a newly appointed hospital manager was awaiting to take up their post.

The multi-disciplinary team includes a consultant psychiatrist, the psychologist post and occupational therapist post are vacant. Interviews for these post are due to take place. A team of occupational therapy assistants were in post along with a team of registered nurses and health care support workers.

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

The service registered on 1 April 2002.

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 Coed Du, to aid patients' rehabilitation.

The lack of cleanliness at the hospital impacted negatively upon the patient experience.

Health promotion, protection and improvement

Coed Du Hall had a range of facilities to support the provision of therapies and activities. Hospital vehicles are available to assist staff with facilitating patient activities and medical appointments in the community.

Patient records evidenced that that they are supported to be independent which supported recovery and rehabilitation.

There was a dedicated occupational therapy team at the hospital that provided a range of assessments and activities to support patient rehabilitation.

Coed Du Hall had an occupational therapy kitchen which patients could access to prepare meals, with support from staff as required. In addition, each unit had a kitchenette that patients could use independently.

Throughout the inspection we observed patients taking part in a range of therapeutic and leisure activities, with many patients regularly using Section 17 Leave[1] from the hospital to access the local community.

The communal dining area is large and also used for activities outside of meal times. Patient records documented participation in activities.

Notice boards displayed relevant information, however some of the information was out of date with Christmas notices on display.

Each unit had its own lounge area where patients could relax when not involved in activities. Patients were also able to have electronic equipment within their bedroom such as a TV, music system and games consoles.

Patients had unrestricted access to an enclosed garden area so they were able to freely access fresh air. Staff also facilitated walks around the hospital grounds and the local community.

Staff had access to three designated hospital vehicles which enabled staff to facilitate patient 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.

Improvement needed

The registered provider must ensure that:

- Notice boards are updated

Dignity and respect

We noted that all employees: unit staff, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

[1] Section 17 of the Mental Health Act 1983 is the authorisation of a detained patient's leave from hospital.

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 patients.

The patients we spoke with, were complimentary about staff engagement and the care provided at the hospital.

During the inspection, whilst walking past the nurses office, we noted observation paperwork for one patient on display. This paperwork could be clearly seen by anyone walking past the office. The registered provider must ensure that staff protect patient confidentiality by ensuring paperwork cannot be read by others at all times.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. The bedrooms provided patients with a high standard of privacy and dignity. The bedrooms offered adequate storage and patients were able to personalise their room with pictures and posters.

Patients told us that staff respected their privacy and dignity. During the course of our inspection we saw many examples of staff knocking on bedroom doors before entering.

We noted that there were no observation panels on the bedroom doors, this means that for staff to undertake observations of patients during the night they are required to open bedroom doors which can disturb the patient’s sleep. The registered provider must ensure that staff are able to check on patients with minimal disruption and should consider installing observation panels.

Coed Du Hall had suitable rooms for patients to meet 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, some visiting was taking place and 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 unit meetings to review and discuss practices to minimise the restrictions on patients based on individual patient risks.

Improvement needed

The registered provider must ensure that:

- Staff maintain patient information confidentially within the nurses office
- They consider options for ensuring staff can check on the wellbeing of patients in their bedrooms with minimal disruption.

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 and information about how to access the service. Registration certificates from Healthcare Inspectorate Wales and information on how to raise a complaint were on display. However, we did not see any bilingual information at the hospital. Bilingual information will help support patients and visitors whose preferred language is Welsh in understanding their care.

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.

Improvement needed

The registered provider must ensure that information that is displayed is bilingual.

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.

There was a daily morning meeting where staff arranged the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals and medical appointments. Any incidents, concerns or maintenance issues are discussed and actions agreed.

The hospital held regular multi-disciplinary team meetings where patients or their elected representative meet with the clinical team to discuss their care and future care planning.

The hospital had a monthly patient forum where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns. The clinical lead and the occupational therapy team also attended the patient forum to ensure that the meeting is meaningful and benefits the patients.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care 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 leave authorisation was in place).

We viewed evidence that showed monthly multidisciplinary reviews took place and that patients are 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.

Coed Du Hall provided patients with a rehabilitation environment with a wide range of well-maintained facilities to support the provision of therapies and activities. The occupational therapy team undertake assessments of each patient’s abilities and what therapies, support and activities would be beneficial to assist their recovery.

In addition, the four studio suites located within the hospital provided the opportunity for patients to have greater independence within the hospital

environment and to receive care and support with reduced input from staff in preparation for discharge to an independent living setting.

Equality, diversity and human rights

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

Mental Health Act detention papers had been completed correctly to detain patients at the hospital.

Documentation for the use of Deprivation of Liberty Safeguards (DoLS) was in place which ensured the validity of the DoLS authorisations.

The hospital had a multi-faith room and relevant literature available to support patients in worship of their chosen religion.

Citizen engagement and feedback

There were regular patient meetings and surveys to allow 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 is assigned to investigate the complaint and actions taken were in line with the organisation's complaints policy and dealt with appropriately at the hospital.

Individual patient records contain details of complaints they had made along with the outcome of the complaint. The hospital manager 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.

The physical environment at Coed Du Hall is maintained to a good standard. However, we identified some areas that require improvements.

We found that staff were completing clinical processes and documentation as required. However, some improvements are required with care plans.

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 and Deprivation of Liberty Safeguards was compliant with the requirements of the legislation.

Managing risk and health and safety

Coed Du Hall had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care supported by least restrictive practices, both in care planning and hospital or unit practices.

The hospital had alarms for staff to wear to enable them to easily call for assistance if required, such as a patient medical emergency or for physical safety of themselves or others. However, during our inspection we noted that a number of staff were not using personal alarms. The registered provider must review security provisions for staff at the hospital and ensure that all staff are using alarms to support staff and patient safety on the units.

There were also nurse call points around the units and within patient bedrooms so that patients could summon assistance if required. However, one call point within a toilet on Beech Unit was not in easy reach of the toilet or bath, therefore it could be difficult for a person in that area to call for assistance.

Patient bedroom doors had an alert if the patient within the room had opened their door to leave their bedroom, this notifies staff so they could support and monitor the patient's movements.

Pressure mats for patients susceptible to falls, notify staff that the patient was raising from bed. Aids were also in place to support the patient to manage this as independently as possible.

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. However, these require review and improvement to ensure that the risk is detailed, evaluated and specific. In addition the hospital manager should prepare an appropriate risk management plan, outlining how to manage and mitigate ligature risks.

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 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. Areas where further improvements are required to improve patient experience were as follows:

- An unpleasant smell was also noted in the laundry room and Ash bathroom on the first night of the inspection
- Some of the patient communal areas require re-painting to make these areas more pleasant.
- Doors throughout the hospital appeared worn, marked and dirty.

We highlighted that the fire extinguishers in the communal corridors were exposed and not stored in cabinets. This could pose a potential risk to both staff and patients. The registered provider must ensure that the extinguishers are stored safely whilst still being easily accessible in an emergency.

Improvement needed

The registered provider must ensure that :

- All staff use personal alarms
- Nurse calling points are appropriately placed in bathroom areas, within patients' reach
- Ligature audits are more detailed
- Laundry room and bathroom on Ash unit are cleaned
- Doors throughout the hospital are cleaned and re-painted
- Patient communal areas are re-painted
- Fire extinguishers are stored safely and securely.

Infection prevention and control (IPC) and decontamination

A system of regular audit of infection control arrangements was described. These were completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary.

We were told that housekeeping staff were absent from work and the vacancy had been advertised. As a result, in addition to caring duties staff were also picking up additional cleaning duties. It is important that the housekeeping vacancy is filled in order for staff to carry out their primary role of caring for the patients.

Although staff had attempted to continue with cleaning schedules, some areas of the hospital needed more specialised and effective cleaning.

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 Coed Du Hall 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 that had been produced to support staff and ensure that staff remained compliant with policies and procedures.

Staff demonstrated that they were compliant with COVID-19 protocols for visitors. Staff ensured that whilst the inspection team were on site that we complied with the hospital's procedures.

Coed Du Hall had set aside an area where if a patient became symptomatic with COVID-19, they could be isolated and barrier nursed in their bedroom within a protected area. Additional cleaning schedules were also in place.

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

During our discussions, there were no issues highlighted regarding access to Personal Protection Equipment (PPE). PPE, including masks and gloves were available at the unit entrance and bins provided for the disposal of equipment. Staff were wearing masks in communal areas of the hospital.

Improvement needed

The registered provider must ensure that the housekeeping vacancy is filled.

Nutrition

We saw a varied menu and patients told us that they had a choice of what to eat. We sampled a selection of meals and these looked appetising and tasted really good.

It was really positive to see that a recent patient survey indicated 100% patient satisfaction with meals provided at the hospital. It was also really positive to see that the chef had met individually with each patient to collate information on their food preferences in order to create a menu suitable for all patients' needs.

Patients had fresh fruit readily available and access to drinks within the dining room and unit areas.

As part of patient rehabilitation care, patients were able to use the occupational therapy kitchen or studio kitchenettes to prepare their own meals which enabled them to maintain and learn culinary skills. Where patients had Section 17 Leave authorised they could also undertake food shopping as part of their community focused rehabilitation activities.

Patients could also utilise the hospital facilities to make snacks and were able to order takeaway deliveries to the hospital.

Medicines management

There was a regular external pharmacy audit undertaken that assisted the management, prescribing and administration of medication at the hospital. However, we identified a number of areas of improvement required.

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

The secured clinical rooms prevented unauthorised entry. Medication was stored securely within lockable cupboards and medication fridges. However, on the first night of the inspection the medication fridge was unlocked. We notified the hospital manager, who reminded staff of their responsibilities for locking the fridge when not being used.

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

Some areas of the clinical rooms appeared cluttered with items being stored on top of the medication cupboards which leaves a risk of items falling and will impact upon the effective cleaning of this area. We also found some out of date medication; Lorazepam and Cetirizine, which had expired in October 2021.

There were appropriate arrangements in place in the clinic for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records evidenced that twice daily checks were conducted with appropriate signatures certifying that the checks were completed. Staff told us that trained health care support workers could also undertake this role alongside a registered nurse, but there was lack of knowledge amongst staff on who was trained.

The registered provider must ensure that only trained staff complete the secondary signature role and that all staff know which staff are trained to complete this task.

It was positive to note from the records we reviewed that we did not see any excessive use of antipsychotic or PRN[2] medication, and when used, the reasons recorded in patient records.

We found that safety lids on sharp bins were not closed, tracking labels had not been filled in, and the bins were stored on the floor, breaching the hospital's policy.

Safety lids must be closed to prevent injury and harm. Tracking labels must be filled in prior to first use, and completed when the bin is full. This will ensure appropriate and safe tracking at the point of disposal.

Improvement needed

The registered provider must ensure that:

- The fridge in the clinical room is locked when not being accessed
- Clinical cupboards are organised and free from clutter
- A regular medication expiry date audit is undertaken and out of date medication is disposed of in a timely manner
- All staff have knowledge on who is trained to carry out secondary signature role for Controlled Drugs
- Sharp boxes are appropriately stored, with safety lids closed and tracking labels fully completed.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required. During discussions with staff they were able to demonstrate the process of making a safeguarding referral.

[2] PRN Medication is administered as and when required as opposed to medication administered at regular times

Through conversations with the hospital manager it was evident that the hospital had built up a close working relationship with the local authority.

During the inspection we noted one female patient entering the male unit. Staff did not redirect the female patient who continued to remain in this area. There was a sign indicating that no female patients should go beyond this point. It is important that staff monitor this and ensure patients comply with the rules for effective safeguarding of both male and female patients.

Improvement needed

The registered provider must ensure that female patients do not enter the male unit.

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.

There was emergency resuscitation equipment and medication available which was easily accessible to staff and there was evidence that weekly checks were completed. However, we identified that staff had limited knowledge of where the oxygen cylinder was located or how to access it in an emergency. We immediately brought this to the attention of the hospital manager. This issue was resolved during the inspection. Appendix A of this report contains further details.

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.

Improvement needed

The registered provider must ensure that they continue to monitor staff knowledge on location and access to the oxygen cylinder.

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.

When restraint or verbal de-escalation are used there is an incident form completed which is discussed at governance meetings. Staff receive debriefs following an incident and this process is used as a learning and reflective practice technique supported by the multi-disciplinary team.

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

We reviewed information on the use of physical intervention at the hospital. This showed that that physical intervention is required infrequently at the hospital. This demonstrated that the use of least restrictive model of care is effective at the hospital focusing on therapeutic engagement between staff and patients which created a relaxed and calm atmosphere.

Records management

Patient records were mostly paper documentation and were stored securely within locked offices to prevent unauthorised access and breaches in confidentiality; where there were electronic records these were password protected. We observed staff updating and storing the records appropriately during our inspection. On the whole patient records were organised and easy to navigate.

Mental Health Act Monitoring

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

All patients' detentions were legal, well documented and complied with legislation.

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.

The hospital manager and clinical director were temporarily carrying out the Mental Health Act Administrators role alongside other duties. The hospital had appointed a new member of staff who was due to start the role.

All patient leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. Section 17 Leave clearly stated the conditions of leave, i.e. escorted or unescorted, location and duration. Forms also documented patients being offered and receiving a copy of their Section 17 Leave forms.

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.

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

We reviewed the care plans of a total of two patients, all were maintained to a reasonable standard. Entries were comprehensive and recognised assessment tools used to monitor mental and physical health.

There was clear evidence of multidisciplinary involvement in the care plans, which reflected the domains of the Mental Health (Wales) Measure 2010. However, we did identify in one patient's record that the post referral assessment did not reflect the criteria of the Mental Health (Wales) Measure.

In addition we also noted a partially completed 12 week assessment checklist. Although the document was very comprehensive and provided a good framework, for ensuring assessments of patients' needs. We found that the assessment document was not completed beyond week 1, was not dated, and the patient's name had not been completed.

We also noted that one patient's Care and Treatment Plan was completed when the patient was in a different setting and not relevant to the current placement. In addition this patient had declined physical health monitoring since admission. Documents we reviewed suggested that the patient is asked monthly if they have changed their mind on physical health monitoring. Since August 2021 there was no evidence of physical health monitoring offered to the patient.

The GP attends the hospital usually on a weekly basis to address any physical health concerns. However, we identified in one patient's records that physical health assessment were not completed until nine months after admission. It is important that physical health assessments are completed and documented in a timely manner so that patients' health needs are monitored and met.

Physical health files included standardised monitoring documentation such as, NEWS[3] and MUST[4].

In one patient care plan it documented that medication was discussed during a monthly review meeting. However, medication prescribed between the January and February 2022 meetings showed a reduction in the patient's prescribed depot medication. Notes recorded in the patient's review record indicated that the patient remained unwell. There was no rationale documented in the notes or review meeting minutes to explain this decision to reduce the depot medication. It is important that any changes in medication doses are documented and the reasons for the changes appropriately recorded in patient records.

Improvement needed

The registered provider must ensure that:

- Completed physical health assessments take place in a timely manner.
- Assessment checks are completed, dated and contain the patients name
- All physical health checks are documented in patient notes.
- Offers of physical health checks are recorded
- Any changes to medication are documented, justified and rationalised in patient records.

[3] The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

[4] MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

Mental Capacity Act and Deprivation of Liberty Safeguards

As stated earlier, DoLS documentation was in place which ensured the validity of the DoLS authorisations. There were also DoLS care plans in place to direct staff in managing the patient under these safeguards.

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.

The hospital manager was dedicated and displayed passionate leadership, 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 is 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 manager, 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 reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that the majority of completion rates were high. Training compliance for basic life support was low at 40%, fire training was 49% and Manual Handling 51%. However, the hospital manager was able to provide evidence to demonstrate that staff had already been booked onto these courses. Nevertheless, the registered provider must ensure that there are systems in place to prevent low compliance with mandatory training requirements.

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.

Staff appraisals take place annually based on staff start dates. Copies of staff appraisal documents are stored on individual staff files. Line managers tend to monitor compliance along with the hospital manager who keep records to ensure that staff are in compliance.

Improvement needed

The registered provider must ensure that there are systems in place to prevent low compliance with mandatory training requirements.

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 received along with, Disclosure and Barring Service (DBS) and references are all checked.

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

We reviewed the staffing establishment at Coed Du Hall, the hospital was pro-actively attempting to recruit to vacant registered nurse and health care support worker posts. To cover any shortfalls in fulfilling the staffing rota that may occur

due to vacancies, the registered provider had a staff bank system in place along with the use of agency staff. Agency registered nurses were typically frequent individuals who were familiar with working at the hospital and the patient group; this assisted with the continuity of care for patients.

Staff spoken with stated that the staffing levels were sufficient given the level of dependency at the time of the inspection. There were some vacancies at the hospital which included two registered nurses, four health care support roles, occupational therapist and a housekeeping role.

The hospital manager described the hospital's future workforce planning arrangements to fill these positions and at the time of the inspection the hospital manager was actively looking to fulfil the current vacancies.

At the time of our night visit, one staff member had failed to attend work. In addition, we identified that during the night shift only one registered nurse would be working with a team of health care support workers; Sufficient nursing staff must be in place at all times including covering for staff breaks; the current arrangement would mean that the nurse working the night shift either does not take a break or the unit is left without nursing cover when breaks are taken. Not taking a break may lead to fatigue and could potentially affect their well-being and/or compromise their professional judgements and leaving the unit without nursing cover.

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.

During staff interviews we were told that there were limited quiet areas for staff to take breaks. The registered manager should consider alternative accommodation elsewhere in the hospital for staff to have breaks.

Improvement needed

The registered provider must ensure that:

- Night shift nurses have an opportunity to have meal breaks
- All staff have access to a quiet room away from the units

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
We identified that staff had limited knowledge of where the oxygen cylinder was located or how to access it in an emergency.	Patients would not receive oxygen treatment in a timely manner	This issue was immediately brought to the attention of the hospital manager	The hospital manager provided all staff with a briefing on where the oxygen cylinder is kept and how to access it. Posters were displayed in the hospital. The oxygen cylinder was added to resuscitation equipment check list

Appendix B – Improvement plan – Health Inspectorate Wales HIW

Service: Coed Du Hall Hospital

Ward/unit(s): Ash, Beech and Cedar Units

Date of inspection: 28 February – 2 March 2022

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 notice boards are updated.	3. Health promotion, protection and improvement	Notice boards have been updated and all out of date information has been replaced.	OTT	Completed 20/02/22
The registered provider must ensure that staff maintain patient information confidentiality within the nurse's office.	10. Dignity and respect	Nursing office is being renovated and as part of this mirrored window film will be placed on office windows to maintain confidentiality.	Maintenance team	29th April 22
The registered provider must ensure that they consider options on ensuring staff can check on	10. Dignity and respect	This has been considered. A discussion to be held with patients to gain their	OT team, Manager	29th April 22

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
wellbeing of patients in their bedrooms with minimal disruption.		view. Some patients have already stated they do not want a window in their door.		
The registered provider must ensure that information that is displayed is bilingual.	9. Patient information and consent	During the update of notice boards bilingual signs have been included. More bilingual signs to be added	OTT	Partially Completed 29th April 2022
Delivery of safe and effective care				
The registered provider must ensure that all staff use personal alarms.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	NIC will check at each handover that all staff have personal alarms. This will also be discussed in the next staff team meeting. Random spot checks periodically by maintenance.	NIC, Manager, Maintenance team	Completed
The registered provider must ensure that nurse calling points are appropriately placed in bathroom areas, within patients' reach.	22. Managing risk and health and safety	A nurse call chord is in situ at bathrooms in reach from bath and additional chord to be added to toilet area.	Manager and Maintenance team	29th April 22

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that ligature audits are more detailed and include an action and management plan in respect of identified risks.	22. Managing risk and health and safety	Ligature risk assessment and management plan reviewed and actions delegated to appropriate persons. This includes more detailed action points and management plan which includes timescales	Manager and nursing team.	Completed and reviewed monthly
The registered provider must ensure that fire extinguishers are stored safely and securely	22. Managing risk and health and safety	All firer extinguishers are stored safely and securely as per guidelines	Maintenance team. All staff	Completed
The registered provider must ensure that doors in hospital are clean and re-painted	12. Environment	Maintenance schedule which includes repainting. Doors and patient communal areas are a priority	Maintenance team	End of May 22
Patient communal areas are re-painted	12. Environment	Maintenance schedule which includes repainting. Doors and patient communal areas are a priority	Maintenance team	End of May 22
The registered provider must ensure that laundry room and bathroom on Ash unit are cleaned.		This was cleaned once raised. Also, a cleaning schedule is in place. 1 part time domestic offered and 1 interview for full time completed and full-time role offered and accepted. Will start following employment checks	Admin, Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure the housekeeping vacancy is filled.	13. Infection prevention and control (IPC) and decontaminati on	Interviews have taken place. 1 part time domestic offered role and full-time domestic offered accepted. Will start following employment checks.	Manager	22nd April 22
The registered provider must ensure that the fridge in the clinical room is locked when not being accessed	15. Medicines management	A 10 point Medication Administration Record 'MAR' checklist has been introduced and 1 section checks that the fridge is locked. This is completed daily and monitored by Clinical lead/manager	Manager & NIC	Completed
The registered provider must ensure that clinical cupboards are organised and free from clutter	15. Medicines management	Clinic has been decluttered and shelving has been added to keep the room organised and free from clutter.	NIC and maintenance team	29th April 22
The registered provider must ensure that regular medication expiry date audit is undertaken and out of date medication is disposed of in a timely manner	15. Medicines management	This is included within the 10 point MAR check	NIC	Completed
The registered provider must ensure that all staff have knowledge on who is trained to carry out secondary signature role for Controlled Drugs.	15. Medicines management	Secondary signature list to be put up in Clinic for authorised/trained staff	NIC Clinical Lead/Deputy	29th April 22

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
All sharp boxes are appropriately stored, with safety lids closed and tracking labels fully completed	15. Medicines management	Small shelf to be placed in situ to keep all sharp boxes off the floor. Shelving to be added also to store files and free up space.	Maintenance	29th April 22
The registered provider must ensure that female patients do not enter the male unit.	11. Safeguarding children and safeguarding vulnerable adults	Door mag locks to be reinstated and access bands provided to all patients for the ward they reside in. This will prevent females entering male ward and vice versa.	Maintenance & Manager	Completed
The registered provider must ensure that they continue to monitor staff knowledge on location and access to the oxygen cylinder.	16. Medical devices, equipment and diagnostic systems	More signs have been provided and is visible for all to see. A reminder will be included in monthly staff meetings.	Manager	Completed
The registered provider must ensure that completed physical health assessments take place in a timely manner.	20. Records management	Monthly patient physical health monitoring in place. Key nurse takes ownership of task. These are routinely completed monthly and recorded within the MDT report. These records will now be included in the patients notes. Monthly spot checks to be completed by manager/deputy. This will be included in	Key nurse & Manager	Completed and monitoring ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		nurse meetings and monthly care plan audit.		
The registered provider must ensure that assessment checks are completed, dated, and contain the patient's name.	20. Records management	Assessment checks are completed at least monthly unless requested to be monitored more regularly. These are completed as part of the MDT report. This will now be included within the patient daily notes. Spot checks to be completed by Manager/Deputy monthly. This will be included in nurse meetings and monthly care plan audit.	Key nurse & Manager	Completed and monitoring ongoing
The registered provider must ensure that all physical health checks are documented in patient notes.	20. Records management	This is now in place and will be completed consistently going forward. Monthly spot checks by manager/deputy	Key nurse & Manager	Completed
The registered provider must ensure that offers of physical health checks are recorded	20. Records management	This is now in place going forward. Manager / Deputy will complete monthly spot checks to ensure this is being completed consistently.	Key nurse & Manager	Completed
The registered provider must ensure that any changes to medication are documented, justified and rationalised in patient records.	20. Records management	Any changes to medication will be included in the patient daily notes. Manager/Deputy to complete spot	Dr Tanti & Manager/Deputy	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		checks monthly.		
Quality of management and leadership				
The registered provider must ensure that staff remain compliant with mandatory training compliance rates are maintained.	25. Workforce planning, training and organisational development	One staff member is taking the lead on monitoring training stats and booking people on when they are due. eLearning is also monitored and staff will be sent reminders when they are due to expire. Staff also have the option to complete eLearning modules at home and can earn overtime for this. Admin to provide manager with a monthly update.	Administrator & Manager	Completed
The registered provider must ensure that night shift nurses have an opportunity to have meal breaks and all staff have access to a quiet room away from the units	24. Workforce recruitment and employment practices	Speaking with staff they confirm that night shift nurses do have breaks throughout the night shift, in between tasks. There are numerous rooms to be accessed where time and privacy can be maintained.	Manager	Completed

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): **Christian Bradford**

Job role: **Hospital Manager**

Date: **21st April 2022**