Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced)

Heatherwood Court Hospital, Pontypridd.

Inspection date: 8 & 9 November 2022

Publication date: 3 March 2023

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Digital ISBN 978-1-80535-546-5

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Following concerns identified about this service regarding incident reporting, Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection at Heatherwood Court on the 8 and 9 November 2022. The inspection did not use HIW's full methodology, and instead specifically focused on leadership and governance at Heatherwood Court, and the reporting and management of incidents.

Patient incidents and records from the following hospital wards were reviewed during this inspection:

- Caernarfon Unit – Female Locked Mental Health Rehabilitation,
- Caerphilly Unit – Female Low Secure Mental Health,
- Cardigan Unit – Female Low Secure Mental Health,
- Chepstow Unit – Male Low Secure Mental Health.

Our team, for the inspection comprised of one HIW Healthcare Inspectors and two clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Management and Leadership

Overall summary:

We saw passionate leadership demonstrated by the hospital director who was supported by a committed multidisciplinary team. The leadership team was approachable and supportive to staff and had a good understanding of the patients needs. Despite this, we did not see evidence of established governance arrangements around incident management and the reporting of incidents. Attention is required to strengthen these arrangements, and ensure that incidents are logged, reported, and learnt from, so that patient safety is maintained.

Immediate assurances:

- We examined patient incident forms and safeguarding referral forms. We found a number of incidents forms and safeguarding referrals that met the threshold to be notified to (HIW) under the Independent Health Care (Wales) Regulations 2011[1], had not been submitted
- We saw evidence that despite the post of hospital director being filled, the regulatory requirement of having a registered manager at the hospital had not been complied with for over 12 months. This was due to the previous hospital director leaving suddenly and delays in appointing and registering a substantive replacement

As a consequence of the concerns identified during our inspection regarding incident reporting, and lack of assurance over the processes in place to report, log and learn from incidents, Heatherwood Court was identified as a Service of Concern as of 11 November 2022. HIW will work closely with the provider to ensure that progress is made against these concerns and improvements are made.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

[1] See: Notify us of an event | Healthcare Inspectorate Wales (hiw.org.uk)

3. What we found

Quality of Patient Experience

This inspection focused on Leadership and Governance, the Quality of Patient Experience was not considered on this inspection.

Delivery of Safe and Effective Care

This inspection focused on Leadership and Governance, the Delivery of Safe and Effective Care was not considered on this inspection.

Quality of Management and Leadership

Dealing with concerns and managing incidents

Our intelligence prior to inspection had indicated concerns regarding the regular reporting of incidents to HIW. Independent Healthcare Providers must notify HIW when a particular event occurs as stated in the Independent Healthcare (Wales) Regulations 2011. The registered person (manager) of an independent hospital, independent clinic, or independent medical agency must notify us about particular events that occur relating to patient safety.

Our intelligence had identified concerns about the non-reporting of incidents to HIW, and raised concerns about the quality of assurances received from the service following reportable incidents. Consequently, during the inspection we examined relevant records held by the provider, to understand whether there were areas of non-compliance with the Regulations.

We reviewed 47 pieces of documentation, which consisted of patient incident forms and safeguarding referrals that had been completed by the hospital within the preceding nine months. We saw evidence of several incidents that the hospital had not reported to HIW as required by the Independent Healthcare (Wales) Regulations 2011. The Independent Healthcare (Wales) Regulations 2011 state that incidents where patients abscond and any serious injury to a patient, required notification to the regulatory authority. Over the nine-month period that we reviewed all incidents that had not been reported fell within these categories. This was an area of non-compliance.

We sampled 15 safeguarding referrals. 11 of the 15 referrals met the threshold to notify HIW. The hospital had notified HIW of most of these referrals, however, for three referrals HIW had not been notified.

We sampled 32 patient incident forms over a nine-month period. 20 of the 32 incident forms met the threshold for a mandatory notification to HIW, however 13 of the 20 incidents forms were not submitted to HIW. The majority of the incidents that were not submitted were incidents of self-harm. In the majority of these incidents, attendance to a general hospital was required for treatment at the Accident and Emergency department. These incidents fell within the serious injury category of the regulations. We also found that there were a number of patient incident forms that had not been appropriately reviewed by a senior manager within the service.

We were told by staff that there is a clear process for reporting patient incidents that occur within the hospital. We were informed that staff are aware of a section within the incident forms that requires staff to select whether the incident requires notification to another body including HIW. However, it was not clear to us whether staff understood the threshold for notification to HIW or its importance, as staff told us that the field “HIW not contacted” was generally the default option for staff. This is an area of concern that requires attention and

action to ensure that staff are aware of importance of assessing each incident and whether a consequent notification to HIW is required.

It was positive to find that patient risk management plans had been completed to a high level. In addition, for a small number of patients, there were patient grab sheet available to guide staff. We recommended that the hospital adopt this process for all patients.

Inspectors spoke with senior staff and were told that whilst there is a process for submitting and reviewing notifications to HIW, there was acknowledgement of weaknesses in governance arrangements, leadership and oversight that had led to the failings in compliance with this process.

These failures in relation to incident reporting are significant as we could not be assured that the service is regularly recording incidents, reporting them to HIW, and able to demonstrate that it is learning from incidents when they occur. When incidents occur, it is imperative that a service examines the causes, identifies learning, and implements steps to lessen the possibility of future incidents. The absence of rigour around incident reporting means that we could not be assured that there are sufficient arrangements in place to support the safe delivery of care.

Workforce recruitment and employment practices

Whilst the service had a hospital director in place with operational responsibility for the service on a day-to-day basis, it was apparent that the service had been without a registered manager for over 12 months. This role is a regulatory requirement, and we are concerned with a lack of progress from the service in progressing with a full application for this role with HIW. Action is required from the service to ensure that a full application to register is submitted to HIW, to ensure that a suitably qualified manager is appointed with relevant experience of regulations and standards in Wales.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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 and resolved on inspection.			

Appendix B – Immediate improvement plan

Service: Heatherwood Court Hospital

Date of inspection: 8 and 9 January 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that all reportable incidents are submitted to HIW	**Regulation 30(1) & 31(1) (b), The Independent Health Care (Wales) Regulations 2011**	Following discussion with the Hospital Director, a full triangulation audit has now been completed following identification of all moderate + incidents requiring full content review to identify reportable incidents. These are also having to be triangulated against safeguarding and HIW notification submissions already made to avoid duplication. This has resulted in an extension being required to the timescale to ensure full compliance on completion. For future working a process map has been drawn up for reference for all managers who submit notifications.	**Abigail Katsande**	**16.12.2022**

The registered provider must ensure that a suitably qualified manager is appointed with relevant experience of regulations and standards in Wales	**Regulation 11 & 12, The Independent Health Care (Wales) Regulations 2011**	The current acting manager (Abigail has submitted her notice with a leave date of approximately the 11.02.2023). There is a plan in place to transfer over an existing Registered Managers (Olivia Ferrari) into the role of HWC Management position. The individuals Registered Manager interview was within the last 12 months. **Relevant notification will be submitted as soon as final leave date is established. However, there will be a handover period between Abigail and the new Registered Manager during December and January.**	**Sarah House**	11.02.2023 **RM application can be started from commencement of handover which will be in Dec 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): Sarah House

Job role: Operations Director

Date: 01/12/2022

Appendix C - Improvement plan

Service: Heatherwood Court Hospital

Date of inspection: 8 and 9 November 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	Standard/ Regulation	Service action	Responsible officer	Timescale
There is no improvement required.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: