Independent Mental Health Service Inspection (Unannounced)

New Hall Independent Hospital

Adferiad Ward, Clwyd Ward and Glaslyn Ward

Mental Health Care (UK)

Inspection date: 9 – 11 March 2020

Publication date: 11 June 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80038-656-3

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 New Hall Independent Hospital (New Hall) on the evening of 9 March and following days of 10 and 11 March 2020. The following sites and wards were visited during this inspection:

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

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

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 receiving good care at the hospital.

Staff were positive about the support and leadership they received.

Patients had good access to education, psychology, occupational therapy and community activities.

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
- Care and Treatment plans were completed in line with the Welsh Measure
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Review and update of policies
- Staff knowledge on location of ligature cutters
- Completion of refurbishment on Adferiad Ward.

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

3. What we found

Background of the service

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

The service has a total of 32 beds and provides male only care across the three wards. At the time of inspection, there were 14 patients.

The service was first registered on 1 April 2002.

The service employs a staff team which includes Hospital Manager, Deputy Hospital Manager and Facilities Manager, a Consultant Psychiatrist, a Clinical Psychologist and two psychology assistants, two occupational therapists and four occupational therapy assistants, a social worker, a practice nurse, registered mental health nurses and healthcare support workers. At the time of our inspection the deputy hospital manager had overall responsibility for the hospital.

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

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

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

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

There were a range of suitable activities and therapies available throughout the hospital, and within the community, to aid patients' rehabilitation.

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at New Hall which assisted in maintaining and improving patients' wellbeing. This included information on healthy eating, smoking cessation and healthy sleep patterns.

Patients were able to access GP, dental services and other physical health professionals as required. A well-man clinic was held every Sunday to monitor physical health and wellbeing of all patients'. Patients' records evidenced detailed and appropriate physical assessments and monitoring; which included My Physical Health[1] checklist to help patients identify any physical health needs they might have.

[1] A physical health check for people using mental health services https://www.rcpsych.ac.uk/pdf/RethinkPHchecklist.pdf

New Hall had a wide range of well-maintained facilities to support the provision of therapies and activities. Each occupational therapist was supported by two occupational therapy assistants to help facilitate assessments and activities.

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

There was a well-equipped hospital gym on Clwyd Ward which was available for all patients at the hospital to use. A personal trainer attended at the hospital twice weekly to provide training advice. All patients are required to complete a gym induction course before using the equipment.

During our inspection we observed a number of activities being undertaken on the wards and staff were frequently engaged with patient activities. Morning meetings we attended also encouraged patients to engage in activities and a clear emphasis was placed on planning the patients' activities for the day. This made sure that all patients had the opportunity to participate in activities they enjoyed and were interested in.

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

Smoking was not allowed within any of the units. However, smoking was permitted in the enclosed garden areas associated with the hospital.

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.

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

The hospital was still well maintained after a previous refurbishment with high specification furniture, fixtures and fittings throughout, which created a very pleasant environment of care. Some refurbishment work on Adferiad Ward was still ongoing at the time of the inspection.

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

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

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

Bedrooms on Clwyd and Glaslyn Wards were en-suite with a toilet, sink and shower. One bedroom on Adferiad Ward, was also en-suite and the remaining bedrooms had a toilet and shower. At the time of our inspection Adferiad Ward only had one patient. Building work had concluded as a result of refurbishment on Adferiad Ward, however there were some areas where building materials had not been removed. The registered provider must ensure that the refurbishment is concluded and building materials removed before admitting any further patients onto this ward. In addition the communal shower room in Adferiad Ward had recently suffered with some water damage. The registered provider must ensure that this floor is replaced.

Each ward had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There was also a very pleasant visiting room in the hospital reception area available for patients to meet with visitors, including child family members.

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

Improvement needed

The registered provider must ensure that all building work is completed and building materials cleared before any further patients are admitted onto Adferiad Ward.

The registered provider must ensure that the communal shower room floor on Adferiad ward is replaced.

Patient information and consent

The hospital had a written statement of purpose and a patient information guide which was made available to patients and their relatives/carers. Where patients were unable to consent there was evidence of capacity testing in patient notes.

On the wards, we saw advocacy posters which provided contact details about how to access the service. Advocacy information and registration certificates from Healthcare Inspectorate Wales were also on display. Information on the complaints process and how to raise a complaint was also displayed, however there was no information available on the role of HIW and how patients can contact the organisation. Health promotion information was seen displayed throughout each unit together with information about healthy eating.

Improvement needed

The registered provider must display information about how to contact HIW.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff made sure they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to each individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

We frequently observed patients approaching a variety of staff from the multidisciplinary team, and it was praiseworthy to see staff take time out to speak to the patients irrespective of other commitments staff may have been dealing with at the time.

We attended staff meetings and staff demonstrated a good level of understanding of the patients they were caring for. All patients we spoke with,

stated that they felt safe and able to speak with a staff member should they need to. There was clear mutual respect and strong relationship security between staff and patients.

We attended a number of clinical meetings and it was evident that discussions focused on what was best for the individual patient. Where the patient was present at the meetings all staff engaged respectfully and listened to the patient's views and provided the patient with clear reasons for the decisions taken. It was reassuring to see and hear professional discussions and debates taking place during meetings when individual risk assessments were being discussed. This demonstrated that every member of staff contributed to the intelligence and information process, and all staff views were considered and discussed when making an important decision on a patient's level of risk and needs.

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

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

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

The hospital also undertook an annual Patient Satisfaction Survey and an annual Family and Friends Survey. A review of the latest results of both of these indicated that patients, families and friends were highly satisfied with the care provided at New Hall. We also spoke to a family member during the inspection who provided us with very good feedback on the care provided at the hospital. Where outcomes and comments were less favourable the hospital had provided actions that it would take to address any shortfalls. It was also pleasing to see that the hospital also logged compliments received on staff.

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. Through our findings there was 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

Staff practices aligned to established hospital policies and systems ensured that patients' equality, diversity and rights were maintained. Mental Health Act detention papers had been completed correctly to detain patients at the hospital. Patients we spoke with during the inspection understood the reason for their detention and had understanding about their rights and entitlements whilst 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. It was evident that an independent person was assigned to investigate complaints and actions were taken in line with the registered provider's complaints policy to ensure that complaints were dealt with appropriately.

Complaints were categorised as informal and formal complaints. Informal complaints were logged on each ward within a paper document with formal complaints recorded on a computerised complaints log for the whole hospital. Complaints were also recorded in individual patient's records along with the outcome of the complaint. The complaints process and associated actions were overseen by the hospital manager.

Delivery of safe and effective care

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

The hospital environment was equipped with suitable furniture, fixtures and fittings for the patient group. We found that staff were completing clinical processes and documentation as required.

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

However some improvements were required in relation to updating policies.

Managing risk and health and safety

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

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

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

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

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 a number of ligature cutters located on each of the wards, for use in the event of a self-harm emergency. However during the inspection a number of staff we spoke with were not aware of the location of

ligature cutters. It is essential that all hospital staff are aware of the location of ligature cutters to use in an emergency situation.

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort.

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

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

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.

Improvement needed

The registered provider must ensure that all staff who work in the hospital are aware of the location of all ligature cutters.

Infection prevention and control (IPC) and decontamination

Dedicated housekeeping staff were employed at the service. All communal areas of the hospital were visibly clean, tidy and clutter free. There was access to hand washing and drying facilities throughout the hospital. Staff had access to Personal Protection Equipment (PPE) when required.

A comprehensive system of regular audit in respect of infection control was in place. Daily audits were completed and filed accordingly. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of

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

Cleaning equipment was stored and organised appropriately. There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs. However we noted that clean mop heads were being stored amongst patients' clean laundry, this is not a hygienic solution and the hospital needs to identify an alternative storage space for clean mops to be stored on Glaslyn Ward.

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

Throughout the inspection we observed the hospital to be visibly clean and clutter free. However we noted that the window ledges on both Clwyd and Glaslyn had accumulated dust and required cleaning.

There were hand hygiene products available in some areas of the hospital; these were accompanied by appropriate signage, however no hand hygiene products were available at the reception area of the hospital and we would recommend that hand hygiene products are available at this location for visitors.

We also noted that chairs located in the lounge area on Glaslyn and Clwyd ward were damaged. These chairs must be replaced or fixed as they pose infections control and patient safety risks.

Improvement needed

The registered provider must make sure that alternative and appropriate storage is found for clean mops.

The registered provider must ensure hand hygiene products are made available in the reception area of the hospital.

The registered provider must ensure that the chairs in the lounge area on Glaslyn and Clwyd are replaced or fixed.

Nutrition

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

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

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

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

Medicines management

Medicines management on each of the wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital. There was 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. We identified that the fridge in Glaslyn ward was at the higher end of the required range, during warmer seasons the registered provider needs to closely monitor this to ensure medication is still being stored within the required range.

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

We observed staff discussing medication with patients and found that these discussions with the patients had been documented and recorded in the patients' care and treatment plans.

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

The Medication Administration Record (MAR)[2] Charts we reviewed contained the patients name, a photograph of the patient and their Mental Health Act legal status. MAR charts included copies of the consent to treatment certificates and were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

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

We requested to view a selection of polices. We were provided with a range of policies, however, upon review most of the versions we received were undated and no version control applied. The registered provider informed us that all policies were currently under review and work was being undertaken to remedy this issue. The registered provider must ensure that all policies are dated to ensure that staff are being provided with the most up to date guidance to direct their professional practice.

Improvement needed

The registered provider must ensure the medication Fridge in Glaslyn is within the required range at all times.

The registered provider must ensure that all policies are dated to ensure that staff are being provided with the most up to date guidance to direct their professional practice.

[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.

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.

It was also evident to see that the hospital social worker was committed to developing and maintaining a good working relationship with multi-agency partners. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their patients. The social worker took the lead on safeguarding processes, child contact/visiting arrangements and care planning. Child visiting was available in a designated room.

Medical devices, equipment and diagnostic systems

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

Safe and clinically effective care

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

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

Participating in quality improvement activities

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. The hospital worked collaboratively with Wrexham Football Club where some patients attended and patients also volunteered in local garden centres and river canal clubs.

As previously highlighted in the safeguarding section of this report, it was positive to see that the social worker and the local police had developed a strong working relationship, which included monthly meetings and information sharing protocols.

Staff at the hospital who spoke Welsh were issued with lanyards identifying them as Welsh speakers. There was also a list of staff in the reception area identifying all staff who spoke Welsh in the hospital.

During our discussions with the hospital manager and the director, we were provided with numerous examples where they were reviewing the provision of service, and looking to develop some aspects of the hospital into a specialist autism service. The hospital manager must ensure that ongoing consultation with HIW takes place in relation to any future changes in the service provided.

Improvement needed

The registered provider must ensure HIW are kept up to date with any new and emerging changes to services provided at the hospital.

Records management

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

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

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across Glaslyn, Clwyd, and Adferiad Ward. All records were found to be compliant with the Mental Health Act and Code of Practice. The paper records 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.

Robust systems of audit were in place for management and auditing of statutory documentation and the Mental Health Act forms a part of the clinical governance meetings.

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. The Mental Health Act Manager is also member of the All Wales Mental Health Act managers' forum.

Section 17[3] leave forms were completed appropriately, risk assessed, and there was evidence of patient involvement. All patients are provided with information relevant to their section on admission and patients are introduced to the Mental Health Act Manager. In addition the patients' rights are discussed with them on a monthly basis. There was clear compliance with the Second Opinion Appointed Doctor (SOAD) process, for example timescales and administration and this was evidenced through their audit process.

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

We reviewed the care plans of a total of five patients and found that they were generally 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 wards. There was clear evidence of multidisciplinary involvement in the care plans which reflected the domains of the Mental Health (Wales) Measure.

Risk management plans were also personalised and identified potential triggers for patients, enabling staff to identify changes in behaviours.

Overall the nursing documentation viewed was very good and physical assessments were well completed, however the risk management plans and care plans we viewed were not in person centred language that reflects the individual patient's involvement and ownership.

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

Improvement needed

The registered provider must ensure that all risk management plans and care plans are completed in person centred language that reflects the individual patient's involvement and ownership.

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 completion rates of training, managerial supervision and annual appraisals were very good.

There was dedicated and passionate leadership displayed by a cohesive multidisciplinary teams. We found that staff were committed to providing patient care to high standards.

Governance and accountability framework

There were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

There was dedicated and passionate leadership displayed by the hospital manager 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.

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

Workforce planning, training and organisational development

We reviewed the 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.

All staff had regular professional development meetings with senior management and we saw evidence of meaningful and relevant professional development discussions and plans which were documented in individual staff records.

Staff told us that the hospital management team were approachable and visible. During interviews with staff they told us they had confidence to speak with management if they needed to raise issues or concerns. Staff told us that team meetings were not taking place as often and this was something the hospital manager was looking to improve upon. The registered provider must ensure that regular team meetings can take place, this should be planned in order to make this a more meaningful, supportive and valuable process for staff.

There was a supervision structure in place and staff confirmed that they had regular supervision sessions. Staff also spoke positively about group supervision and reflective practice sessions.

Improvement needed

The registered provider must ensure that processes are in place to ensure regular staff meetings take place.

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place at New Hall. It was evident that there were systems in place to ensure that recruitment followed an open and fair process; which records of application, interviews and

communication held on each file. Prior to employment staff references were received, professional qualifications checked and Disclosure and Baring Service (DBS) checks were undertaken, and then renewed every three years.

The registered provider maintained agency staff files which included details of relevant training and employment checks. Newly appointed staff undertook a period of induction under the supervision of the heads of care. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

We observed senior staff at the hospital monitoring students administering medication and we observed students being mentored by senior staff throughout the inspection. This was really positive to see and clearly evidenced the senior staff investment in developing, supporting, and mentoring staff new to the role.

Staff told us they could access additional and relevant training when approved by their line manager which was recorded on the training spreadsheets that we saw. It was positive to see that external training opportunities were given to staff which enabled staff to gain additional qualifications.

The hospital had a clear policy in place for staff to raise any concerns and staff we interviewed had knowledge of the policy. Occupational health support was also available to staff.

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 B – Improvement plan

Service: New Hall Independent Hospital

Ward/unit(s): Adferiad Ward, Clwyd Ward and Glaslyn Ward

Date of inspection: 9 – 11 March 2020

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 all building work is completed and building materials cleared before any further patients are admitted onto Adferiad Ward.	3. Health promotion, protection and improvement	One room on Adferiad Ward was not in use and materials stored in there could not be disposed of in a civic amenity site. They were removed the next day (Patients did not have access to the room).	Andy Bray Hospital Maintenance	Completed
The registered provider must ensure that the communal shower room floor on Adferiad ward is replaced.	3. Health promotion, protection and improvement	Floor covering had been pulled away by a service user in the shower room on one of the wards. This was reported and has been/will be replaced under the	Mike Pearce Head of Estates	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		estates management programme.		
The registered provider must display information about how to contact HIW.	9. Patient information and consent	Laminated posters of how to contact HIW were displayed around all ward areas on notice boards in New Hall. Going forward a weekly audit to check they remain in place will be conducted by the Acting Manager. It is not possible to display a laminated poster on Adferiad Ward due to risk to a Patient. How to Contact HIW is done via social story instead. All Patients have their S132 legal rights given to them once a month, the outcome of which is verified by a Nurse. The monthly pack of rights information contains amongst other legal rights, details of how patients can contact Healthcare Inspectorate Wales by telephone, surface mail or email and provided with advocacy to do so where required.	Matthew Howarth	Weekly
Delivery of safe and effective care				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that all staff who work in the hospital are aware of the location of all ligature cutters. The registered provider must make sure that alternative and appropriate storage is found for clean mops.	22. Managing risk and health and safety 13. Infection prevention and control (IPC) and decontamination	This was addressed with all staff on the day of the issue being raised by HIW. The identification and placement of ligature cutters for each ward will now be incorporated into staff induction. Ligature cutters are situated in accessible designated places on each ward. The mops have been removed from the laundry and stored in the COSHH housekeeper's store cupboards	Matthew Howarth Matthew Howarth and Housekeeping Personnel	Already met – and ongoing through new staff induction Completed
The registered provider must ensure hand hygiene products are made available in the reception area of the hospital	13. Infection prevention and control (IPC) and decontamination	The hand hygiene product has now been installed in the reception area of the hospital	Hollie Roberts	Completed
The registered provider must ensure that the chairs in the lounge area on Glaslyn and Clwyd are replaced or fixed.	13. Infection prevention and control (IPC)	The chairs will be assessed for fixing or replaced under the hospital estates replacement plan	Matthew Howarth Mike Pearce	26.6.2020
The registered provider must ensure the	15. Medicines	We will replace the medication fridge in	Matthew Howarth	12.6.2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
medication Fridge in Glaslyn is within the required range at all times.	management	Glaslyn to ensure concordance with temperature regulation.	Mike Pearce	
The registered provider must ensure that all policies are dated to ensure that staff are being provided with the most up to date guidance to direct their professional practice.	15. Medicines management	A new policy template will be issued to incorporate version control, release date and review date	Gemma O'Malley	Completed
The registered provider must ensure HIW are kept up to date with any new and emerging changes to services provided at the hospital.	6. Participating in quality improvement activities 21. Research, Development and Innovation	The Registered Provider Mental Health Care (UK) Limited and the Acting Manager will continue to communicate openly with HIW regarding any new and emerging changes	Registered Provider Acting Manager (Matthew Howarth) Registered Manager when in post	Ongoing
The registered provider must ensure that all risk management plans and care plans are completed in person centred language that reflects the individual patient's involvement and ownership.	20. Records management	The Patient and Named Nurse meet to write the risk assessments and care plans. The Patient is supported by the Nurse to write their plans. The Nurse countersigns their plans. A Quality Audit will now be undertaken to review	All MDT members, Matthew Howarth	26/6/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		documentation highlighted by HIW and results and actions shared with Primary Nurses and the MDT		
Quality of management and leadership				
The registered provider must ensure that processes are in place to ensure regular staff meetings take place.	25. Workforce planning, training and organisational development.	Processes are now in place and staff meetings have taken place since HIW inspection. Regular staff meetings are now diarised. A schedule of all ward and team meetings is circulated to all staff who are invited to contribute to their agenda which is displayed prior to meetings.	Matthew Howarth	Completed and ongoing

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): **MATTHEW HOWARTH**

Job role: **Acting Hospital Manager**

Date: **2/6/2020**