Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Ty Cwm Rhondda
Tyntyla Avenue
Ystrad
Rhondda
Rhondda Cynon Taff
CF41 7SU

Inspection Report 2010-2011

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In writing:

Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk

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Inspection Date	Inspection Manager:
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Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards,'* which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: **www.hiw.org.uk**

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An unannounced inspection was undertaken to Ty Cwm Rhondda on 28 March 2011 by an inspection manager, assistant inspection manager, two HIW reviewers and a Mental Health Act reviewer.

The hospital was first registered in October 2007 and is currently registered for 20 (twenty) patients within 2 (two) separate wards. Ty Cwm Rhondda is a low secure environment and provides a rehabilitation service for patients who may be detained under the Mental Health Act 1983. Further details in relation to the various categories of admission are listed within the conditions of registration section of this report.

As part of the inspection process the registered provider submitted a completed self-assessment form and supporting documentation to demonstrate how they met the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focused upon the examination of a range of documentation including patient records and discussion with the proposed registered manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

A number of key areas were considered within the inspection process including; care plan documentation, risk assessments, catering, environment of care, internal quality monitoring and governance processes.

In respect of the main findings, the registered provider had in place:

- A statement of purpose.
- Structured patient records which could be easily followed.
- Care documentation and of the examples sighted there was evidence of risk and management assessments; care plans and psychiatric assessments having been undertaken. However, with all of the patient records looked at, many gaps and omissions were noted, including a lack of:

    - staff signatures and dates concerning the care plan documentation;
    - evaluation with regard the care plans, some were dated April 2010;
    - preadmission information;
    - evidence of treatment plans;

- multidisciplinary assessments or reports;
- multidisciplinary meeting notes;
- incident forms.

In addition, the care plans seemed very generic and not very specific to the individual patient. Clinical risk assessments had been undertaken six monthly however, the required practice for undertaking these is every three months. Further more, it was unclear whether all professions are making entries into a single multi-disciplinary report and how electronic and hard copies of the daily notes were being managed and co-ordinated amongst staff.

- There was evidence that patients had been made aware of their rights under the Mental Health Act 1983 on a monthly basis however, it was unclear whether written information was also being given to patients at the same time.
- Although 12 months had lapsed since the last inspection, unfortunately there still remained very little evidence that a therapeutic and structured day of planned activities had been sufficiently implemented and taken forward with patients. Patients commented that activities were limited and it was also noted by the inspectors that the activity room remained unused during the day of inspection and that the majority of patients were sat watching television with their support workers. Of the limited activities on offer there was also little evidence to demonstrate that an educational programme had been instigated for patients.
- An advocacy service was available and an advocate visited the hospital every week; details of the advocacy service were displayed on the wards visited, although the information within Clydwych Ward needed to be updated to reflect the current advocacy service.
- Patient views were obtained via the weekly community meetings and a patient survey had also been undertaken. At the time of the inspection however, the Lead Occupational Therapist had not completed the analysis of the findings.

- The proposed registered manager spoke of the different areas of work being developed including that to look at performance indicators, outcomes of clinical and nursing audits and the information and clinical recording systems within the hospital. A clinical audit programme was also being developed and an audit tool was being devised for sign off by the Board of Governance.
- Policies and procedures were in place however at the time of inspection the sheet demonstrating that staff had read the documents applicable to them and their area of work was missing.
- With regard to training, several staff members were unsure whether they had received training on the protection of vulnerable adults (POVA) and Mental Capacity Act. In addition, during the meeting with the proposed registered manager it became clear that staff also required training in the areas of: child protection, the complaints procedure, undertaking patient searches and anti-discriminatory practice.
- It was evident that patients and staff had a very good relationship and patients felt that they had been treated with dignity and respect. However, there was some anxiety expressed from both staff and patients concerning the challenging behaviour of two of the patients at the hospital. Consideration needs to be given on how the care and rehabilitation of such patients can be taken forward in the long term without it continuing to have an untoward affect on the dynamics of the wards, staff and patients.
- Incidents are reported following the set policy and procedure however discussion with staff suggested that they had received very little feedback or learning following an incident and they were also unsure whether trend analysis had been undertaken to look at any common themes.
- In relation to medicines management the outcome was positive. Medication records were in place for each patient and entries had been signed by the prescriber. Policies and procedures were in place and medicines were handled and administered in accordance with the relevant requirements.

Environment of Care

- On the whole, the environment was well maintained, clean, light and airy. Furnishings were generally of a good standard however there were examples whereby some of the upholstery on the easy chairs within Clydwch ward was cracked and a door had yet to be reinstated to the patient's kitchen area.
- Within the ward offices it was noted that details of each of the patients within that ward had been recorded on the white boards; due to the clear visibility from the patient communal areas to each of the offices, action needs to be taken in order that the confidentiality of patient information is safeguarded.

- There was access to the outdoors, however patients within Clydwch Ward commented that access to their garden area can sometimes be limited due to staff availability. In addition, it was evident that the garden area remained under utilized as a resource for activities; the boundary security fence and security gate also continues to pose a risk and requires remedial and immediate action.
- Patients had free access to their rooms and were able to personalize their own space. During the inspection it was noted that the style of bookcase mounted on the wall of the patients' rooms were not of a standard as to prevent injury or self harm and this will need to be remedied.
- Choice and variety were evident with regard the catering provided and patients commented that the quality of the food was very good and that snacks were always available.

The inspections team would like to thank the staff and patients for their time and co-operation during the unannounced inspection visit.

Achievements and Compliance

Within the previous inspection report five regulatory requirements had been identified. One requirement remains outstanding 0910/4: that progress had been made towards implementing a structured day for patients with meaningful activities that contribute to the treatment aims identified by the MDT.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service.

Description
Independent hospital service type: **Independent hospitals with overnight beds providing medical treatment for mental health (including patients detained under the Mental health Act 1983).**

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The number of persons accommodated in the establishment at any one time must not exceed 20 (twenty).	Compliant
2.	The registered person is registered only: 1) To provide, (subject to conditions 3) below, medical and psychiatric treatment in a low secure environment (as defined in '*National Minimum Standards for General Adult Services for Psychiatric Intensive Care Units and Low Secure Environments (Department of Health) 2002'*), intended to provide treatment and rehabilitation for male and female adults who are : 2) a) adults (18 - 65 years) diagnosed with mental illness and/ or personality disorder, and b) liable to be detained under provisions of the Mental Health Act 1983.	Compliant
3.	The registered person will assess persons for suitability for admission as specified in the agreed Statement of Purpose dated 9 October 2007.	Compliant

Condition number	Condition of Registration	Judgement
4.	The registered person must not admit the following categories of patients: c) Persons who do not require rehabilitation in a low secure environment. d) Persons with a primary diagnosis of eating disorder. e) Persons with a primary diagnosis of substance misuse. f) Persons with a learning disability. g) Persons who have not been fully assessed and accepted for admission in line with Ty Cwm Rhondda's admission policy. h) Persons with a record of serious assault in previous 12 months.	Compliant
5.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose dated 9 October 2007.	Compliant
6.	Subject to conditions 7 and 8 below, one male (Mr A) diagnosed with a learning disability may be accommodated as named in a separate confidential letter dated 28 May 2008.	Compliant
7.	The Consultant Psychiatrist and Named Nurse responsible for the care of Mr A must have a relevant qualification in care of persons with a learning disability. These persons must be able to demonstrate relevant recent updating of clinical skills in this speciality.	Compliant
8.	The Care Programme Approach reviews for Mr A must be held not less that six monthly and must assess and agree whether the identified needs for Mr A are best met at Ty Cwm Rhondda. If this condition cannot continue to be met the registered persons must not accommodate Mr A for a period of more than one month from the date of such a decision.	Compliant

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards
A = Acute standards
MH = Mental health standards
H = Hospice standards
MC = Maternity standards
TP = Termination of pregnancy standards
P = Prescribed techniques and technology standards
PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard met
C2	The treatment and care provided are patient – centred.	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard not assessed

Number	Standard Topic	Assessment
C4	Patient are assured that monitoring of the quality of treatment and care takes place.	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard not assessed
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard almost met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard almost met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clears line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard not assessed
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard not assessed
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not assessed
C13	Patients and personnel are not infected with blood borne viruses.	Standard not assessed
C14	Children receiving treatment are protected effectively from abuse.	Standard not applicable.
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard almost met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard not assessed
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard not assessed
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard not assessed
C23	The appropriate health and safety measures are in place.	Standard not assessed
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard met

Number	Standard Topic	Assessment
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard not assessed
C28	Patients are not treated with contaminated medical devices.	Standard not assessed
C29	Patients are resuscitated appropriately and effectively.	Standard not assessed
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard not assessed
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard not assessed
C32	Patients are assured of appropriately competed health records.	Standard almost met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard almost met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard not assessed

Service Specific Standards - these are specific to the type of establishment inspected

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework.	Standard not met
M2	Communication between staff.	Standard almost met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard not assessed
M6	Staff training.	Standard almost met
M7	Risk assessment and management.	Standard almost met
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard not assessed

Number	Mental Health Hospital Standards	Assessment
M10	Responsibility for pharmaceutical services.	Standard met
M11	The Care Programme Approach/Care Management.	Standard not assessed
M12	Admission and assessment.	Standard almost met
M13	Care programme approach: Care planning and review.	Standard almost met
M14	Information for patients on their treatment.	Standard almost met
M15	Patients with developmental disabilities.	Standard met
M16	Electro-Convulsive Therapy (ECT).	Standard not assessed
M17	Administration of medicines.	Standard met
M18	Self administration of medicines.	Standard not applicable
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard not assessed
M21	Patient discharge.	Standard not assessed
M22	Patients' records	Standard almost met
M23	Empowerment.	Standard almost met
M24	Arrangements for visiting.	Standard met
M25	Working with carers and family members.	Standard not assessed
M26	Anti-discriminatory practice.	Standard met
M27	Quality of life for patients.	Standard almost met
M28	Patients' money.	Standard not assessed
M29	Restrictions and security for patients..	Standard met
M30	Levels of observation.	Standard met
M31	Managing disturbed behaviour.	Standard met
M32	Management of serious/untoward incidents.	Standard almost met
M33	Unexpected patient death.	Standard not assessed
M34	Patients absconding.	Standard almost met
M35	Patient restraint and physical interventions.	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for staff.	Standard met
M42	The rights of patients under the Mental Health Act.	Standard almost met

Number	Mental Health Hospital Standards	Assessment
M43	Seclusion of patients.	Standard not applicable
M44	Section 17 leave.	Standard not assessed
M45	Absent without leave under Section 18.	Standard not assessed
M46	Discharge of detained patients.	Standard not assessed
M47	Staff training on the Mental Health Act.	Standard met

Schedules of information

The schedules of information set out the details of what information the registered person must provided, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Compliant
3 (Part I)	Period for which medical records must be retained.	Compliant
3 (Part II)	Record to be maintained for inspection.	Compliant
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the *'registered person'* who, as set out in the legislation, may be either the registered provider or registered for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an *'action plan'* confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C2 M7 M12 M13 M2 M14 C32 M22	14 (1)(a) 20 (1)a	**Findings** Care Plan documentation did not clearly reflect : ▪ staff signatures and dates concerning the care plan documentation; ▪ evaluation with regard the care plans, some were dated April 2010; ▪ preadmission information; ▪ evidence of treatment plans; ▪ multidisciplinary assessments or reports; ▪ multidisciplinary meeting notes; ▪ incident forms. In addition, the care plans seemed very generic and not very specific to the individual patient and clinical risk assessments should be undertaken every three months and not six months. Further more, it was unclear whether all professions are making entries into a single multidisciplinary report and how electronic and hard copies of the daily notes were being managed and co-ordinated amongst staff. **Action Required** The registered person is required to ensure that patients receive timely, appropriate and accurate assessment and diagnosis of their health needs.	Within 28 days of the date of this report.
M27	14 (1)a 16	**Findings** There was little to demonstrate that a therapeutic and structured day of planned activities had been sufficiently implemented for patients and in addition there was no educational programme in place. Some patients were also critical of the lack of activities available.	Within three months of receiving this report.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to conduct a review of the activities provided for patients to ensure the proper provision to enable patients to make decisions about matters affecting their care is taken account of. A copy of this review is to be sent to HIW along with evidence how this is to be taken forward and implemented with patients on a day to day basis.	
M23	15 (1)	**Findings** Information concerning independent advocacy was not up-to-date on Clydwych Ward. **Action Required** The registered person is required to ensure that information on how to obtain independent advocacy is displayed on the individual ward areas. This information should be clear and in a relevant language and format.	
C6	16	**Findings** During the inspection there was no evidence available to demonstrate the findings of the patient survey or community weekly meetings. **Action Required** The registered person is required to maintain a system for reviewing at appropriate intervals the quality of treatment and other services provided. Consultation should be undertaken with patients and their representatives and copies of the reports should also be made available to patient.	Within two months of receiving this report.

Standard	Regulation	Requirement	Time scale
C4 M4	16	**Findings** During the inspection there was little evidence to demonstrate that a planned programme of clinical audit had been agreed and taken forward. **Action Required** The registered person is required to maintain a system for reviewing at appropriate intervals the quality of treatment and services provided.	Within three months of receiving this report.
M6 C15 C16	17 (2)a	**Findings** Staff training was required in the use of: - the protection of vulnerable adults (POVA); - Mental Capacity Act; - child protection; - complaints process; - undertaking patient searches; - anti-discriminatory practice. **Action Required** The registered person is required to ensure that all members of staff receive training on POVA, Mental Capacity Act; child protection; complaints process; undertaking patient searches; anti-discriminatory practice.	Within three months of receiving this report.
M34	24(1) 24 (2)d	**Findings** The security fence and security gate was not fit for purpose. **Action Required** The registered person should ensure that all parts of the establishment to which patients have access are so far as reasonably practicable free from hazards to their safety.	Within three months of receiving this report.

Standard	Regulation	Requirement	Time scale
M8	24 (2)b	**Findings** The bookcases within the patients' bedrooms were not of a standard as to prevent injury or self harm. **Action Required** The registered person should ensure that the rooms are suitable for the purposes for which they are to be used and are suitably equipped and furnished.	Within three months of receiving this report.
	24(2)a	**Findings** Some of the upholstery on the easy chairs was cracked. The door to the patients' kitchen had yet to be reinstated **Action Required** The registered person should ensure that the premises are of sound construction and kept in a good state of repair externally and internally.	Within three months of receiving this report.

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
M4	Clinical audits should be developed into a formal audit programme.
C7	All staff to read the policies and procedures relevant to their work area and sign a statement to this effect.
M42	Patients to be made aware of their rights both verbally and in writing.
C33	Information on the white boards to be anonymised in order that the confidentiality of patient information is safeguarded.
M32	Incidents should be reviewed and discussed by the team. Regular feedback should be given staff and any learning and or training agreed. Trend analysis of incidents should also be undertaken.