Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

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Inspection 2010-2011

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Inspection Date:	Inspection Manager:
9 November 2010	**Mr John Powell**

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 Gwyn Hall on 9 November 2010 by an inspection manager, one independent healthcare reviewer, one Mental Health Act reviewer and an inspection assistant. The hospital was first registered in March 1987 and is currently registered to take 34 patients over the age of 18 with functional mental health problems, who may be liable to be detained under the Mental Health Act 1983. The hospital is owned by Parkcare Homes Ltd which is a wholly owned subsidiary of Craegmoor Healthcare Ltd.

The main house provided accommodation for 18 patients and in addition a large extension that was registered in June 2008 provided an additional 12 beds as a mixed gender assessment unit, with an additional four bed *'step down'* facility. A major refurbishment had taken place during 2008 and early 2009 and this had considerable improved the environmental facilities for the patient group.

Prior to the inspection the registered manager submitted a comprehensively completed self-assessment form and a range of supporting documentation. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the registered manager, other staff members and a number of patients.

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

- A comprehensive statement of purpose that was in the process of being amended to reflect changes to the staffing levels and the varying of the conditions of registration so that the *"step down"* unit could accommodate mixed gender patients. A comprehensive patient guide was also available.
- A system of care documentation that was very comprehensive, however there was no evidence that some care plans were evaluated on a regular basis. In addition, one patient did not have a risk assessment and management plan for several weeks after admission. Patient notes were not integrated into a single multi-disciplinary record and there were separate sections for the responsible clinician, social worker, occupational therapist and psychologist to record information. There was some evidence that patient's views about their care and treatment were taken into account, however, there was no record of the medication regime and known side-effect and risks being fully recorded and explained to patients. There was very little evidence that patients' carers and families were given the opportunity to be involved with aspects of the patient treatment programme. If this is not appropriate then this should be clearly documented. Also in

relation to the Mental Health Act 1983 there was a lack of evidence, within the patient documentation, that a patient's rights were explained to them on a regular basis.

- An extensive range of policies and procedures with the date of formulation and anticipated review. Unfortunately there was no evidence that medical practitioners had signed to confirm that they had read the policies and procedures relevant to their area of work.
- A staff training programme was in place and this included a range of topics including fire prevention, equality and diversity, first aid, food safety, Health and safety, infection control, manual handling and the Protection of Vulnerable Adults (PoVA). However, unfortunately there was no evidence that medical practitioners had attended fire prevention training, PoVA and Health & Safety training. In addition, a significant number of staff had not attended training in physical intervention, the Mental Health Act 1983 and child protection.
- A comprehensive training session had been held in the treatment for addictions and a total of sixteen staff had attended.
- The establishment were in the process of applying for enhanced 'In*vestors in People'* registration and a part of this process the development and training of staff was pivotal.
- A range of activities/therapies were a range on offer including; cookery, budgeting, music therapy, art and craft and a number of recreational activities including shopping and fishing. A number of patients that were spoken with were critical of a lack of activities available and this appeared to be a particular issue at weekends.
- A number of areas had been subject to audit including a review of clinical practice, resuscitation, Mental Health Act – Consent to Treatment, health checks, physical interventions and medication. The reports identified some areas for action and these had been addressed. The last Craegmoor audit was undertaken in 2008 and this comprehensive audit needs to be repeated.
- A ligature assessment had been undertaken and remedial action had been identified, unfortunately, in terms of completion dates there were a number of outstanding areas. This needs to be addressed as a matter of urgency.

In respect of the other inspection findings feedback from patients was very positive in relation to the attitude and support received from the staff group. Both patients and staff spoke very highly of the manager and it is clear that his leadership of the establishment is held in high regard.

An advocacy service was available and visited the hospital every week; details of the advocacy service were displayed on the wards.

An overview of the ordering, storage, use and disposal of medication was undertaken on Skirrid View ward and a number of observations were made. The drug medication record for a patient did not match the directions on the medication box and the entries were not signed by the prescriber. A British National Formulary that was used as a reference source for medication was available but dated March 2009. No controlled drugs were stored at the establishment and a number of patients were at various stages of self medicating. In addition, specific instructions in relation to medicines administration for patients were comprehensively care planned. In conclusion there was a range of policies and procedures on the safe management and secure handling of medicines.

In terms of leave under Section 17 all the conditions pertaining to leave were not always recorded on the Section 17 leave form and patients were not routinely given copies of these forms.

The catering service for patients provided three meals a day and choice and variety was evident and specific dietary requirements were catered for. Fruit and hot drinks were available on demand. Patient views in relation to the catering were generally positive, however some patients complained of not having enough food especially in the evening.

In relation to the environment, generally this was pleasant and comfortable with extensive personalisation of individual patient patients. However, the dining rooms were the exception and these appeared uninviting, a few pictures would soften the environment considerably. Gender specific toilets and bathrooms were available. There were no child friendly visiting facilities available at the establishment.

Evidence that all staff had received the necessary vaccinations was not available and this appeared to be a particular issue with newly appointed staff and those who had declined the vaccinations that were available.

The Inspection Manager would like to thank the registered manager, staff and patients for their time and co-operation during the inspection visit.

Achievements and Compliance

Within the previous inspection report four regulatory requirements had been identified, an action plan had been received by HIW and all of the requirements have been addressed.

In relation to achievements it was very evident throughout the inspection visit of the very positive rapport between patients and staff. In addition, the *'your voice'* initiative had been enhanced to further engage and empower patients to influence corporate policy decisions that may have an impact on individual care programmes.

Registration Types

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

Description
An Independent hospital 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 must not exceed thirty-four (34) at any one time as specified below. ▪ Ty Gwyn (18 bed mixed gender rehabilitation unit). ▪ Skirrid View (12 bed mixed gender assessment unit). ▪ Pentwyn House (4 bed single gender *'step down'* unit).	Compliant
2.	The registered person is registered only: a) To provide, subject to condition 3) below, medical and psychiatric treatment to rehabilitate male and female adults who: i) Are adults (over the age of 18 years) diagnosed with mental illness. ii) May be liable to be detained under provisions of the Mental Health Act 1983.	Compliant
3.	The registered person must not admit or accommodate the following categories of patients: a) Person without a primary diagnosis of mental illness. b) Persons who require care and treatment in conditions of security. c) Persons diagnosed with profound to moderate learning disability. d) Persons in an acute disturbed phase of their mental illness. e) Person who are terminally ill and require intensive physical nursing interventions. f) Persons who are in an acute phase of a medical illness and require intensive physical nursing.	Compliant
4.	Accommodation for male and female patients must be organised so that bedrooms for each gender are clustered together and are adjacent to the designated bathing facilities for that gender patient group.	Compliant
5.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose agreed for distribution on 17 October 2007.	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 met
C4	Patients 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 inspected
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not inspected
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses.	Standard almost met
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard 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 met
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 almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard not inspected

Number	Standard Topic	Assessment
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 almost met
C23	The appropriate health and safety measures are in place.	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard almost met
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 inspected
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard not inspected
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard met
C32	Patients are assured of appropriately competed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard not inspected
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 inspected

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 met
M2	Communication between staff.	Standard met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard met
M6	Staff training.	Standard almost met
M7	Risk assessment and management.	Standard almost met
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard met
M10	Responsibility for pharmaceutical services.	Standard met
M11	The Care Programme Approach/care management.	Standard met
M12	Admission and assessment.	Standard almost met
M13	Care programme approach: care planning and review.	Standard met
M14	Information for patients on their treatment.	Standard almost met
M15	Patients with developmental disabilities.	Standard not inspected
M16	Electro-Convulsive Therapy (ECT)	Standard not inspected
M17	Administration of medicines.	Standard almost met
M18	Self administration of medicines.	Standard met
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard met
M21	Patient discharge.	Standard not inspected
M22	Patients' records.	Standard almost met
M23	Empowerment.	Standard met
M24	Arrangements for visiting.	Standard met
M25	Working with carers and family members.	Standard almost met
M26	Anti-discriminatory practice.	Standard met
M27	Quality of life for patients.	Standard almost met
M28	Patients' money.	Standard not inspected

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 met
M33	Unexpected patient death.	Standard met
M34	Patients absconding.	Standard met
M35	Patient restraint and physical interventions.	Standard almost met
M41	Establishments in which treatment is provided for persons liable to be detained - information for staff.	Standard not inspected
M42	The rights of patients under the Mental Health Act	Standard met
M43	Seclusion of patients.	Standard not applicable
M44	Section 17 leave.	Standard almost met
M45	Absent without leave under section 18.	Standard not inspected
M46	Discharge of detained patients.	Standard not inspected
M47	Staff Training on the Mental Health Act.	Standard almost 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.	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Met
3 (Part I)	Period for which medical records must be retained.	Met
3 (Part II)	Record to be maintained for inspection.	Met
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 manager 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 & M14	15 (1)	**Findings** There was no evidence that some care plans were evaluated on a regular basis. In addition, one patient did not have a risk assessment and management plan for several weeks after admission. There was some evidence that patient's views about their care and treatment were taken into account, however, there was no record of the medication regime and known side effect and risks being fully recorded and explained to patients. **Action Required** The registered person is required to ensure that care plans are evaluated on a regular basis and it is clearly documented that patient's views about their care and treatment were taken into account.	Within 28 days of the date of this report
C4 & M4	16 (1) & (2)	**Findings** The last Craegmoor audit was undertaken in 2008 and this comprehensive audit needs to be repeated.	Within 28 days of the date of this report.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to ensure that the Craegmoor audit is repeated and a copy sent to HIW.	
C13	14 (6)	**Findings** Evidence that all staff had received the necessary vaccinations was not available and this appeared to be a particular issue with newly appointed staff and those who had declined the vaccinations that were available. **Action Required** The registered person is required to ensure that a record is maintained of all vaccinations that have been administered to staff.	Within 28 days of the date of this report.
C15, C19, M6 M35, M47	17 (2) (a) 24 (4) (c)	**Findings** A number of staff, including medical practitioners had not received training on; PoVA, fire prevention, managing individuals who were aggressive including physical intervention and the Mental Health Act 1983. **Action Required** The registered person is required to ensure that staff have the qualifications, skills and experience to undertake their role and therefore training is required in PoVA, fire prevention, managing individuals who were aggressive including physical intervention and the Mental Health Act 1983.	Within 28 days of receiving this report.
C22 M7 & M8	24 (2) (d)	**Findings** A ligature risk assessment had been undertaken at the establishment and a number of environmental hazards had been identified.	An action plan of how this area will be addressed must be received by HIW within 14

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to ensure all parts of the establishment to which patients have access are so far as reasonably practicable free from hazards to their safety. Therefore an action plan with specific timescales must be formulated in relation to the management of the risk identified within the ligature risk assessment.	days of the date of this report
C24, M17	14 (5)	**Findings** A random sample of prescription charts was inspected and it was noted that one record for a patient did not match the directions on the medication box and the entries were not signed by the prescriber. A British National Formulary that was used as a reference source for medication was available but dated March 2009. **Action Required.** The registered person is required to ensure that the prescription records for the individual patients match the directions on the medication box and all prescribing entries on the record must be signed by the prescriber. In addition, an up-to-date British National Formulary must be available.	Immediate and on-going.
M44	15 (1)	**Findings** In terms of leave under Section 17 all the conditions pertaining to leave were not always recorded on the Section 17 leave forms and patients were not routinely given copies of the appropriate forms.	Immediate and on-going.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to ensure that all the conditions pertaining to Section 17 leave are recorded on the Section 17 leave form and patients are routinely given copies of the appropriate forms.	
	24 (2) (b)	**Findings** There was no child friendly visiting area within the establishment **Action Required** The registered person is required to provide a child friendly visiting area within the establishment.	An action plan of how this area will be addressed to be sent to HIW within 28 days 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
C9	Medical practitioners should sign to confirm that they had read the policies and procedures relevant to their area of work.
M22	Patient notes should be integrated into a single multidisciplinary record.
M25	There should be evidence that patients' carers and families are given the opportunity to be involved with aspects of the patient treatment programme. If this is not appropriate then this should be clearly documented.
M27	The range of recreational and social activities to be extended and improved. This appeared to be a particular issue at weekends.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.