Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

A review of care provided to patients with a learning difficulty or mental health issue at St Teilo House Independent Mental Health Hospital, Goshen Street, Rhymney NP22 5NF

Date of visits: 8 & 9 February 2012

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1. Introduction and Background

1.1 Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

1.2 Independent healthcare[1] providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at www.hiw.org.uk.

1.3 In May 2011, the BBC's investigative television series *'Panorama'* broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme understandably gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

1.4 The focus for the reviews was to ensure that individuals accessing such services are:

- Safe.
- Cared for in a therapeutic, homely environment.
- In receipt of appropriate care and treatment from staff who are appropriately trained.
- Encouraged to input into their care and treatment plans.
- Supported to be as independent as possible.
- Allowed and encouraged to make choices.
- Given access to a range of activities that encourage them to reach their full potential.

[1] Independent healthcare – services not provided by the health service.

- Able to access independent advocates and are supported to raise concerns and complaints.
- Supported to maintain relationships with family and friends where they wish to do so.

1.5 As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between patients and staff. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including patient care plans, policies and procedures, staff induction and training plans and complaint, restraint and incident records. HIW uses a range of expert and lay reviewers for the inspection process including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983.

St Teilo House

1.6 St Teilo House independent hospital was first registered with HIW in March 2007 and at the time of our visit was registered to provide treatment and nursing care to 24 patients with a primary diagnosis of mental illness[2] who may also be detained under the provisions of the Mental Health Act 1983. The hospital's registered provider is Cambian Healthcare Limited.

1.7 HIW undertook an unannounced visit to St Teilo House on 8 February 2012 and visited again on 9 February 2012. Verbal feedback was provided to the registered manager at the end of each day.

1.8. The findings arising from these visits are set out in Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 3 of this report sets out HIW's requirements for action.

[2] Mental illness– the diagnostic definition is an illness of the mind. It includes common conditions like depression and anxiety and less common conditions like schizophrenia, bipolar disorder, anorexia nervosa and dementia.

2. Our Findings

2.1 The terms of reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

'Were those accessing services at the time of our visit safe?'

is considered in Section 3 of this report, where we present our conclusions and next steps. This question can only be answered when we have given careful consideration to the answers to the questions below.

'Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?'

2.2 At the time of our visits 21 patients were being cared for at St Teilo House. Patient bedroom accommodation was based on the ground and first floor. All bedrooms had en-suite facilities and were personalised with posters, pictures and other personal items. All patients had their own keys to their bedrooms, subject to appropriate risk assessments, which they could access at any time. The hospital was decorated to a satisfactory standard. However, it was noted that the window handle in one bathroom and in an activity and occupational therapy room were broken or missing. This was discussed with the manager during the visit.

2.3 There was sufficient seating in the lounges and sitting areas to accommodate all the patients and seating had been arranged informally and in line with patient choice to give a homely atmosphere.

2.4 There were information boards available in different areas of the hospital with guidance on how to make a complaint, how to access advocacy service and how to

contact other support services. There were also whiteboards which noted and displayed patient events and internal and external activities.

'Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately.' trained?'

Staff Numbers

2.5 At the time of our visit staffing was in line with the levels set out in the organisations statement of purpose. Staff were personable and courteous and spoke of their commitment to encouraging independence and choice for patients.

2.6 There was evidence of contingency planning having taken place to ensure planned or unplanned staff absence did not impact on patients' care. No agency staff were employed at hospital. The hospital utilises bank staff[3] and this assists with the continuity of person centred care.

2.7 There was evidence that management accessibility and responsiveness to staff queries and concerns was good and the manager believed in the importance of *'walking the floor'* daily.

2.8 Staff told us that they enjoyed working at the hospital for a number of reasons including the positive approach and accessibility of the manager, and the fact that there were opportunities for staff members to work together to maximise the input into patient care and treatment. However, care social workers (CSWs) told us that they felt that they would benefit from attending the ward round meetings; at the time of our visit CSWs only received minutes of the ward handover meetings.

[3] Staff employed by an organisation on a sessional basis when required not necessarily full or part time but some bank staff may be contracted on a regular basis.

Staff Training

2.9 We interviewed 13 members of staff during our visits including permanent and bank staff. A rolling programme of training was in place which included training in self harm (SH) and personality disorder (PD). It was noted that training with regard to the Mental Health Act, Capacity and Consent, Protection of Vulnerable Adults (POVA) and Deprivation of Liberty had been undertaken by staff. The registered manager ensures that the staff training programmes reflects the skills that staff require to meet the current and anticipated needs of patients. This information is gathered through staff appraisal and development objectives meetings and staff supervision.

2.10 Clinical supervision and reflective practice groups were in place. Generally, there was evidence of a supportive environment for all members of the multi-disciplinary team. However, it was noted that formal supervision and appraisal processes were not in place for bank staff. We recommend that the registered provider puts appropriate supervision and appraisal processes in place for bank staff, as it is important that these staff members have the same training and support to provide patient centred care as permanent staff.

2.11 Staff appeared happy and enthusiastic and talked to us about the positive ethos within the hospital due to the management and multi-disciplinary team work. There was clear evidence of a commitment to the provision of patient focused care and treatment.

Policies and Procedures

2.12 St Teilo House had a range of polices and procedures in place and staff were aware of where the policies and procedures files were located. However, we found evidence of non-compliance with St Teilo's own medication policies and procedures. For example, some medication sheets were unsigned and when medication was not given, no explanation was provided as to the reason why. We recommend that the

organisation review, monitor and test staff awareness and understanding of the hospital's policies and procedures.

2.13 There was evidence of organisational and managerial structures underpinning hospital communication and accountability arrangements i.e.

- Daily staff handovers.
- Weekly and monthly meetings involving staff and patients.
- Regional and senior management meetings.
- The head of care was visible on the unit working, supervising and observing staff attitudes, approaches and practices.

2.14 Clinical governance arrangements and processes were in place within the hospital and discussed at monthly multi-disciplinary meetings (MDT). Outcomes from these meetings, i.e. if patient care objectives were met and/or not met would be updated and recorded in appropriate documentation.

2.15 Incident, complaints and accident records were reviewed and discussed. A patient representative was invited to attend and participate in an agreed period of time within these meetings to discuss any patient concerns and express patients' views. This allowed the patient representative an opportunity to express any patients' views and/or concerns while maintaining patient confidentiality.

2.16 Overall we found that complaints were well documented, managed and investigated well. The actions, outcomes and *'lessons learnt'* from complaints were clearly recorded. Two formal complaints had been received in the twelve months prior to our visit.

'Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?'

Review of Care Plan Documentation

2.17 We reviewed care planning documentation and it was clear that patients were being involved in the care planning process. The preferences and needs of patients were documented and it was evident that changes to plans were discussed with patients. Patients had signed their care plans and they were available to patients if they wished to view them. Relatives were involved in care planning where possible.

2.18 Patients were also included in weekly ward round discussions, enabling their views and concerns to be noted with regard to individual care and treatment outcomes/goals.

2.19 A range of different types of individual patient risk assessments were in place and we noted that these had been regularly monitored and updated with regard to patient care and outcomes.

2.20 Where possible, patients were involved in decisions regarding medication. Outcomes, possible risks and side-effects were discussed with them and fully explained.

2.21 Patients had access to general practitioners (GP), dentists, optician and chiropodist prior to our visit. The responsible clinician (RC) had been in contact with the local GP practices to establish a formal liaison structure to promote and improve primary care pathways for patients within the hospital. It is anticipated that this relationship with primary care will also help staff to develop additional skills which will benefit of patients. Patients have access to a hairdresser who visits the in-house salon. Patients also have access to their own money.

2.22 Audits of patient care documentation are undertaken for the quality of treatment and services provided at the hospital. Two patient files were reviewed monthly by members of the MDT to ensure that all documentation had been completed as required and appropriate i.e. patient daily care and treatment records completed, that care objectives were reviewed with patients. A comprehensive

programme of patient care planning reviews was undertaken by the MDT on a three week rotational basis. These reviews look at all aspects of the individual patient's treatment and care.

Care Programme Approach

2.23 The RC stated that there was a commitment to involving the patient as much as possible in the discharge planning process. The Care Programme Approach (CPA) was at the centre of discharge planning and all members of the multi-disciplinary team were involved in the process. The occupational therapist (OT) helped patients to create their own discharge booklet with answers to everyday questions and a list of helpful contact numbers, British Gas etc clearly set out.

'Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential?'

Patient Activities

2.24 We discussed a range of issues with patients focusing on whether they felt safe and properly supported. Overall patients felt able to make decisions regarding their daily routine and activities and felt safe and supported by hospital staff.

2.25 A programme setting out the range of activities on offer to patients was on display and there was evidence of structured group and individual activities. A programme of individual patient activities was set out within patients' care plans; we noted that patients' choices were discussed in patient meetings. Logs noting patient participation in activities and events were maintained. At the time of our visits patients were engaged in meaningful activities.

2.26 The hospital employed a significant number of OTs. There was evidence that the activities programme reflected patients' needs, wishes, likes and dislikes. Patients had daily and weekly meetings at which there views and concerns were discussed. However, one patient reported that sometimes activities were cancelled

if additional staff were not available to cover enhanced observations. A new full time psychologist had recently commenced induction training within the hospital. Once this training has been completed, patients will have greater access to psychological support and help.

Nutrition

2.27 In terms of diet and nutrition, we found that patients' preferences were catered for. Patients could shop for, store and cook their own food under supervision and there was variety and choice and were generally positive about the variety and quality of food.

2.28 Patients could also make their own drinks as required and could also purchase and store beverages of their choice**.**

'Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?'

Access to Services

2.29 There was a good level of understanding amongst the patients of how to raise any concerns and complaints; in addition patients knew how to access advocacy services. Information about advocacy services or how to make a complaint was on display for patients or their relatives.

2.30 We reviewed the number of incidents that had been recorded over the last twelve months, which involved a number of patients and covered a wide range of incidents. Self harm and assault involving other patients and staff were the predominant themes. This would not be deemed unusual themes within this patient group. The debriefing of staff after such incidents assists with ensuring *'lessons are learnt'* which should enable staff team members to recognise trigger factors which

may precipitate individual incidents. This should and was noted in patient care documentation.

2.31 We noted the number of restraints that had occurred and had been recorded over the last twelve months which had involved 14 individual patients; no individual patient was involved in ten or more incidents i.e. a patient and/or patients may have been restrained on a number of occasions between one and nine times within a twelve month period. This would be within expected parameters dependent on the patient group.

2.32 Incidents and restraint interventions were logged with details of interventions i.e. de-escalation, actions and outcomes.

'Were those accessing services at the time of our visit supported to maintain relationships with family and friends where they wish to do so?'

Support for Patients to Maintain Contact with Friends and Family

2.33 There was a telephone room available and child visiting facilities were available in the reception area of the hospital. There were other areas within the hospital where patients could have private conversations with the visitors. Where appropriate, patients can use the ward computer; however, patients stated that they would like more access to the internet to keep in touch with distant relatives and friends via e-mail, Skype. 19 of the 21 patients accommodated in the hospital at the time of our visits were from England and this could and did impact on the frequency of family contacts/visits.

2.34 Patients told us that they were able to maintain contact with family and friends. There were family visits to the hospital and some patients were receiving Section 17 leave [4].

[4] Section 17 leave - formal permission for a patient who is detained in hospital to be absent for a period of time. Patients remain under the powers of the Act when they are on leave and can be recalled to hospital at anytime.

2.35 Patients told us that they felt able to discuss concerns and problems with staff members.

3. Conclusion

'Were those accessing services at the time of our visit safe?'

3.1 Our visit identified one regulatory breach. This related to non-compliance with the hospital's policy and procedures regarding the administration and recording of medication. Following our 8 February visit medication sheets were reviewed and renewed by the RC where appropriate. In addition, the registered manager undertook a review of nurse competencies with regard to the administration of medication. This will be a rolling programme and will be implemented for all appropriate staff i.e. registered nurses. The programme will monitor that the hospital policies and procedures are followed in the prescribing, recording when medication was given and if not, why not.

4. Requirements

4.1 The requirements set out below address any non-compliance with the Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the *'registered person'* who, as set out in the legislation, includes both the registered provider and/or the registered manager for the establishment or agency to take forward. The registered person must provide an action plan confirming how they intend to address the required actions. HIW will, if necessary, take enforcement action to ensure compliance with the regulations.

National Minimum Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
Standard 15	Regulation 9(1)(m)&15(5)(a)&19(2)(e)	2.12	The registered person is required to ensure that staff comply with the hospital's policies and procedures with regard to the administration and recording of medication.	Immediate and on-going. Written confirmation received on February 2012 that a formal structured action plan and audit process had been put in place. Completed.

5. Next Steps

5.1 Further visits will be undertaken by HIW to St Teilo House and compliance against the regulations and action plan will be further assessed.

5.2 The registered provider will be required to send an updated action plan to HIW that addresses all the regulatory issues identified within this report within two weeks.