

# Inspection Summary Report

New Hall Independent Hospital

Inspection date: 24, 25 and 26 October 2023

Publication date: 26 January 2024



This summary document provides an overview of the outcome of the inspection

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We observed staff communicating with patients in a kind and respectful manner throughout the course of the inspection. This behaviour was observed to be reciprocated by patients to staff throughout the inspection.

Management and staff at the service demonstrated a well-rounded understanding of the patients. We observed staff responding calmly and appropriately to challenging behaviours, and there was an overall good approach to timely risk formulation.

The setting had strengthened areas which we identified as needing immediate improvement in our last inspection and feedback provided by staff was generally positive.

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



# What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection at New Hall Independent Hospital on the evening of the 24, and two full days on the 25 and 26 October 2023.

The following hospital wards were reviewed during this inspection:

- Glaslyn Ward - a four bedded ward
- Adferiad Ward - a six bedded ward

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and an Expert by Experience. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we engaged with patients where we were able to do so for them to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 8 were completed by staff. Feedback and some of the comments we received appear throughout the report.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



# Quality of Patient Experience



## Overall Summary

We observed staff communicating with patients in a kind and respectful manner throughout the course of the inspection. This behaviour was observed to be reciprocated by patients to staff throughout the inspection.

There was good access to activities away from and at the setting, which were of therapeutic benefit to patients and based upon their likes and preferences. We confirmed that patients had access to family times where desired and appropriate, and that there were advocacy and representation services in place for patients as required.

## What we found this service did well

- We observed staff communicating with patients in a kind and respectful manner throughout the inspection
- There was good access to therapeutic activities away from and at the setting



# Delivery of Safe and Effective Care



## Overall Summary

Management and staff at the service demonstrated a well-rounded understanding of the patients. We observed staff responding calmly and appropriately to challenging behaviours, and there was an overall good approach to timely risk formulation.

Processes in relation to location and checking of emergency equipment had improved since the last inspection, with staff aware of how to access this equipment in an emergency. Recently reviewed fire risk assessments had been completed and fire exits were now in appropriate use throughout the setting.

## Where the service could improve

- The registered manager must ensure that maintenance and housekeeping issues are resolved according to their level of priority and risk
- The registered manager must ensure that [medication] stock reconciliation processes are always adhered to
- The registered manager must ensure that aspects of PBS record keeping is strengthened.

## What we found this service did well

- The setting regularly updated care documentation in relation to risk formulation and challenging behaviours to a good standard
- The setting developed creative ways in support of patients physical needs and accessibility
- Mental Health Act administration processes upheld patient rights, with good management and oversight.



# Quality of Management and Leadership

## Overall Summary

The setting had strengthened areas which we identified as needing immediate improvement in our last inspection. We found improved governance processes, which enabled timely management responses to risks and incident reporting.

Feedback provided by staff was generally positive. We identified aspects of training which require additional consideration by the setting based on the training needs and priorities of its workforce.

## Where the service could improve

- The setting must ensure that there is an updated training plan created based on training needs and priorities of its workforce.

## What we found this service did well

- The setting provided staff with the opportunity to high quality reflective sessions
- The setting had been successful in the recruitment of several nursing positions to support continuity of care and patient familiarity.

## Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

