Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Inspection Summary Report

Tŷ Grosvenor
Inspection date: 06, 07 and 08 November 2023
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This summary document provides an overview of the outcome of the inspection

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The patients we spoke with were complimentary about the care provided at the hospital. Patients told us they felt safe, which was an improvement since our last inspection at the hospital in July 2022, when some of the patients told us that they did not feel safe from other patients.

Staff were committed to providing safe and effective care. Suitable protocols and policies were in place to manage risk, health and safety and infection control.

Governance arrangements were in place, such as audit activities and monitoring systems, to help provide oversight of clinical and operational issues. However, we were not assured that these processes were effective, as they were not helping the hospital meet best practice and legislative requirements.

For example, during our review of the Mental Health Act (MHA) statutory detention documentation we were concerned to find instances where the documentation was not compliant with the MHA and Code of Practice.

Due to the severity of these issues, Tŷ Grosvenor was designated as a Service of Concern following the inspection in line with HIW's Escalation and Enforcement process for independent healthcare services. This meant we continued to engage with senior management in order to seek sufficient assurance. The service was de-escalated from a Service of Concern in January 2024 after HIW was satisfied that it had addressed the required improvements.

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 Tŷ Grosvenor in Wrexham on 06, 07 and 08 November 2023.

The following hospital wards were reviewed during this inspection:

- Alwen Ward – an acute emergency admission service for 15 patients
- Brenig Ward – a rehabilitation inpatient service for 15 patients.

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 one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

Each ward provided a clean and comfortable environment with appropriate fixtures and fittings for the patient group. We observed staff interacting and engaging with patients appropriately and with dignity and respect. Patients had their own programme of care that reflected their individual needs and risks. Positive attempts were being made to tailor activities to the interests of patients and initiatives such as pet therapy were being used to help engage patients.

Patients had received regular physical health checks throughout their stay, and we saw that patients had accessed other health services when required. Patients had weekly access to a mental health advocate who provided information and support with any issues they may have regarding their care.

Where the service could improve

- Information recorded on the 'patient safety at a glance' boards must be kept up-to-date.

What we found this service did well

- Patients were being kept informed about their rights and supported to apply to the Mental Health Review Tribunal to have their detention reviewed
- Patients could engage and provide feedback about their care in a number of ways.

Delivery of Safe and Effective Care

Overall Summary

Medication was being managed and stored appropriately within each clinic. We found effective processes in place to help ensure that staff at the hospital safeguarded patients appropriately. Regular checks were being undertaken of resuscitation and emergency equipment.

The dietary needs of patients had been assessed on admission and specific dietary requirements had been identified and acted upon where necessary. Patient care and treatment plans were being maintained to a good standard.

Immediate assurances

During our review of the Mental Health Act (MHA) statutory detention documentation we were concerned to find instances where the documentation was not compliant with the MHA and Code of Practice. For example:

- Capacity assessments were not always being undertaken to determine whether patients had the capacity to consent to treatment
- Some patients at the hospital had been prescribed medication without the statutory certificate of consent form in place to authorise the treatment
- Some patients at the hospital had been prescribed types or doses of medication that had not been stated on the statutory certificate of consent form in place to authorise the treatment
- Nursing staff had administered medication to patients without checking that the type and dosage had been consented to, or authorised by a Second Opinion Appointed Doctor
- Discrepancies between the medication being administered to patients and the medication stated on their certificate of consent forms identified by the external pharmacy had not been rectified by the hospital in a timely manner
- The clinical audits undertaken internally by hospital staff had not been effective in identifying these discrepancies.

Our concerns were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection issuing a non-compliance notice requiring that urgent remedial actions were taken.

Where the service could improve

- A ‘locked door’ policy must be developed to ensure the rights of informal patients are upheld while protecting detained patients who may be vulnerable
- All checklists and audits must be completed accurately to ensure they remain effective at identifying issues of non-compliance with internal procedures
- Daily nursing entries within patient records must provide more detail about staff interactions with each patient under their care.

What we found this service did well

- Helpful ‘30-day summaries’ were being produced for staff which provided a detailed overview of the recent history of each patient, including their risks or any recent incidents
- One member of staff on each shift is allocated the role of security lead, who takes responsibility for ensuring all staff are wearing their personal alarms and that items such as cutlery are accounted for.

Quality of Management and Leadership

Overall Summary

The majority of staff who completed HIW questionnaires provided positive feedback about working at the hospital.

Staffing levels were appropriate to maintain patient safety within the wards at the time of our inspection. Improvements were required to ensure that individual incidents are discussed among the multidisciplinary team and reviewed and signed off by senior managers to identify lessons learned and prevent recurrence.

Where the service could improve

- The service must ensure that all staff are kept informed about incidents and any lessons learned
- The service should ensure there is always a sufficient number of staff available to ensure patients are able to take their Section 17 leave.

What we found this service did well

- Mandatory training compliance rates were very high among staff at the hospital
- Recruitment was being undertaken in an open and fair process with appropriate employment checks being carried out prior to employment.

Staff provided us with the following comments:

"The hospital offers first class care to patients, is spotlessly clean and comfortable to work in. Management staff are fair, supportive and always available. Feedback from my manager is available and positive."

"I have worked at Tŷ Grosvenor as a housekeeper for over five years and I have been treated with respect from all the management teams. I am respected, I love working at this unit and will be with the company until I decide to retire. I have always worked in care as a support worker but my role now as just a housekeeper is just as rewarding."

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.