

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

INSPECTION REPORT Private and Voluntary Healthcare

**Heatherwood Court
Llantrisant Road
Penycoedcae
Pontypridd
CF37 1PL**

Date of Inspection

20 November 2008

Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road, Caerphilly,
CF83 3ED

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INSPECTION REPORT

Inspection Episode: **April 2008 to March 2009**

Healthcare Provision:	Heatherwood Court Independent Hospital
Contact telephone number:	01443 490380
Registered Provider:	Ludlow Street Healthcare Ltd
Responsible Individual:	Steve Bartley
Registered Manager:	Fran Timmins
Number of places:	48
Category:	Medium and Low secure psychiatric services for persons with mental disorder who may be detained under the Mental Health Act.
Date of first registration:	20 December 2007
Date of publication of this report:	29 th July 2009
Date of previous published report:	N/A This is the first inspection report.
Lead Inspector:	Helen Nethercott
Specialist Inspectors/Advisors:	Carol Jones – HIW reviewer Clifton Robinson – HIW reviewer

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the service's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW's Inspectors are authorised to enter and inspect healthcare services at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities, self- assessment and the use of questionnaires. HIW try to find the best way of capturing the experience of patients, their relatives/representatives and staff employed within the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the service. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The service's own statement of purpose

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. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

The Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the Healthcare Inspectorate Wales web site: <http://www.hiw.org.uk/>

OVERALL VIEW OF THE HEALTHCARE SETTING

Heatherwood Court independent hospital is set at the top of a hill in the village of Penycoedcae to the south of Pontypridd in south east Wales. The hospital is located in rural area.

The establishment was purpose built and was first registered with HIW in December 2007 and is owned and operated by Ludlow Street Healthcare Ltd.

Heatherwood Court provided psychiatric care and treatment in a range of low and medium secure wards for persons who may be liable to be detained under the Mental Health Act 1983.

The registration was for the accommodation of up to 48 patients as follows.

a. Caerphilly Unit

A low secure psychiatric service for a maximum of 12 (twelve) male or female adults diagnosed with a mental disorder who may be liable to be detained under the Mental Health Act 1983.

b. Caernarvon Unit

A low secure psychiatric service for a maximum of 12 (twelve) male or female adults diagnosed with a mental disorder who may be liable to be detained under the Mental Health Act 1983.

c. Chepstow Unit

A medium secure psychiatric service for a maximum of 12 (twelve) adults of the same gender, diagnosed with a learning disability/ Autistic Spectrum Disorder who are detained under the Mental Health Act 1983.

d. Cardigan Unit

A medium secure psychiatric service for a maximum of 12 (twelve) adults of the same gender who require intensive assessment and treatment for mental disorder who are detained under the Mental Health Act 1983.

There were 25 patients accommodated on the day of inspection, all of whom were detained under the provisions of the Mental Health Act.

The inspection team would like to thank all staff and patients for their cooperation and assistance during the inspection.

METHODOLOGIES USED IN THIS INSPECTION

The main inspection process was undertaken over the course of one day, with the Inspections Manager and HIW reviewers gathering information. The Registered Manager Fran Timmins and members of staff were involved in the process and were open and professional in approach.

Information was collated via analysis of documentation made available prior to and during the inspection, discussion with the staff team, a tour of the establishment and discussion with a number of patients who were present.

A number of the care plans were scrutinised. Other aspects of methodology used during the inspection included direct observation of care and other practices.

This is the first inspection report for Heatherwood Court. A physical viewing of the premises and grounds was undertaken and an examination of policies, procedures, information leaflets, maintenance certificates and records. The viewing included, by the agreement and invitation of occupants, the general condition of individual rooms. Communal areas, the laundry, bathroom and lavatory areas were also viewed.

The premises were inspected primarily against the Private and Voluntary Health Care (Wales) Regulations 2002, in addition to the core National Minimum Standards for Private and Voluntary Healthcare services. These standards were also supplemented by the service specific standards for mental health establishments, including the standards for establishments where persons may be detained under provisions of the Mental Health Act 1983.

INFORMATION PROVISION

Inspector's findings:

Statement of Purpose

A statement of purpose was developed for registration that met regulatory requirements.

Patient Guide

A patient guide had been produced. Staff reported that information for those with a lower level of ability had not yet been developed. Staff reported that they explain any information that patients may not understand.

Notice Boards

Notice boards on each of the wards displayed a variety of information about activities.

Arrangements for visiting

Arrangements for visiting were described within the statement of purpose.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

QUALITY OF TREATMENT AND CARE

Inspector's findings:

Clinical Governance

Structures to support clinical governance were in place and a clinical governance committee had been established.

Staff were advised that processes must be developed to monitor quality within the establishment that should include the following areas:

- Clinical audit
- The presentation of performance indicators
- Outcomes of clinical and nursing audits
- The use of comparative information on clinical outcomes
- Evaluation against research findings and evidence based practice
- Effective information and clinical records systems
- The identification and recording of respective and common responsibilities of the team
- Procedures for identifying and learning from adverse health events and near misses
- The complaints procedure

It was reported that a senior manager had been appointed to coordinate a clinical audit programme. The inspections manager advised that the main focus of audit should be to on outcomes for patients.

Policies and procedures

Policies and procedures were developed to meet the requirements for registration. There was evidence that staff had signed to say they had read the policies.

Appendix 2 of the Mental Health Act Code of Practice for Wales issued in November 2008 included a list of policies and procedures required for appropriate implementation of the Act. As Heatherwood Court is registered to provide care and treatment for those detained under the Mental Health Act, the registered persons must provide evidence to HIW that these policies and procedures were in place.

Care Programme Approach

There was evidence of implementation of the Care Programme Approach (CPA).

Patient Centred Care

There were 25 patients accommodated on the day of inspection, consisting of:

- Caernarvon – 11 male patients
- Caerphilly – 11 male patients
- Chepstow – 3 female patients

Staff described a structured day for patients. It was reported that 12 patients were attending college courses.

The registered manager reported a dialectical behavioural therapy (DBT) approach for most of the patients. Workbooks had been produced for patients to work through and the programme was implemented through both individual and group sessions.

The activity and occupational therapy block (named Cardiff) appeared to be used well. Examples of work produced by the patients from activities and groups was displayed in the area.

A coffee shop area was being developed to encourage patients to meet and mix in a social environment.

A keeping in touch pack had been developed for patients whose families lived some distance away. In this pack the company provided the family with a web camera so that they could have contact using the internet.

Advocacy

There were arrangements in place for advocates from Hafal to provide advocacy for patients. The advocate had monthly meeting with the registered manager, and there were communication books available on each of the wards.

Patient Views

A patient satisfaction survey had not yet been undertaken.

It was reported that there was a minuted patient meeting at 9.30 each morning. At this meeting information was shared about plans and appointments for the day.

It was reported that this was the only time at which section 17 leave could be booked, which encouraged patients to be up and about in the morning.

Privacy, dignity and choice

Discussion with both staff and patients provided evidence that patients are treated with dignity and respect and patients have choice in decisions in relation to their care.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/1 HIW must be provided with <ul style="list-style-type: none"> • a list of the clinical audits to comply with NMS completed from registration to 31/3/09. • A copy of the action plan from each of these audits. • A copy of the audit plan for the forthcoming year. 	31 July 2009	Regulation 16 Standards C4, M4
0809/2 HIW requires confirmation that all policies and procedures as required by Appendix 2 of the MHA Code of Practice for Wales have been issued and are being implemented.	31 July 2009	Regulation 8(1) Standards M41 – M47

MANAGEMENT AND PERSONNEL

Inspector's findings:

Registered Manger & Responsible Individual

The registered manager, Fran Timmins, had the appropriate experience and qualifications for the post. The responsible individual was Steve Bartley, who was supported in this role by an area manager.

Regulation 25 visits

The responsible individual or a nominated suitable person in accordance with the regulations was required to visit each registered establishment at least every three months to undertake specific quality monitoring checks. Following the visit a report must be produced a copy of which must be provided to HIW. To date HIW had not received any reports in relation to Heatherwood Court.

Human Resource Policies

Human resources (HR) policies reflected current legislation and there were dedicated staff at the Head Office in Cardiff to support HR matters.

Staffing & Recruitment

The staffing complement for Heatherwood Court was described in the statement of purpose.

The registered manager reported that some agency staff had been used but this had been limited to the same three staff.

The registered manager reported that a number of newly qualified staff had been recruited. A 4 month preceptorship pack had been developed for these staff that was supervised by the Unit Leaders. The registered manager reported that newly qualified staff were not in charge of the units and were always on shift with a more experienced nurse.

Supervision and Training

The registered manager explained that all staff undertook a company induction which was followed by an induction specific to Heatherwood Court. This included DBT skills training for all staff.

The registered manger reported that supervision was in place for staff. It was reported that staff were due to repeat supervision skills training.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/3 HIW must receive reports as required by Regulation 25 at least 3 monthly.	31 July 2009	Regulation 25

COMPLAINTS MANAGEMENT

Inspector's findings:
<u>Complaints</u> There was a complaints policy in place.
<u>Information on complaints</u> Information on complaints was available to patients.
<u>Whistleblowing policy</u> There were arrangements for concerns to be raised within the organisation.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

PREMISES, FACILITIES AND EQUIPMENT

Inspector's findings:

Description of premises

Heatherwood Court independent hospital is set at the top of a hill in the village of Penyrcoedcae to the south of Pontypridd in south east Wales. The hospital is located in rural area.

The establishment was purpose built and was first registered with HIW in December 2007.

Externally

There was designated parking to the front and sides of the property. Each secure garden had a smoking shelter and a dedicated access from the wards.

Due to the location it had been identified that there may be difficulties in icy or freezing weather conditions. To assist in managing this one of the unit vehicles was a 4 wheel drive Landrover.

Internally

The main entrance includes a reception area from which a meeting room and visitor's room was accessed.

Accommodation for patients was located on four wards. Each ward had communal accommodation and a couple of bedroom on the on the ground floor with the remainder of the bedrooms on the first floor. The four ward areas and the reception block were arranged around an internal courtyard.

Each ward had 12 single bedrooms with a washbasin. Separate bathrooms and w.c. facilities were available. The communal areas included a lounge/TV area, dining room and quiet room.

A good range of staff accommodation including offices, training rooms and rest rooms was located in the activity block.

Maintenance

There was a maintenance team employed by Ludlow Street Healthcare. All areas were newly decorated at the point of registration.

Portable Appliance Testing (PAT) was being undertaken at the time of the inspection.

Housekeeping

There was a team of housekeeping/ laundry staff. All areas appeared clean and tidy.

Therapy areas

There was a good range of activity/ therapy rooms for use by all wards in the activity block this included a gym, café, training rooms, rehabilitation kitchen and a spiritual room.

Kitchen and Catering

The main kitchen was in the reception/ administrative block. This was inspected by the environmental health department at the point of registration and awarded a silver award.

The registered manager reported that patients had a choice from three options each day, with the main meal being provided at lunchtime.

Certificates

Relevant certificates were on display within the establishment.

Fire

An appropriate fire risk assessment was in place that had been reviewed by the Fire Safety Officer from the South Wales Fire Service.

Equipment

There were contracts in place for servicing the lifts and other equipment.

Clinical Waste

Contracts were in place for the removal of clinical and pharmaceutical waste.

Outbuildings/ gardens

The gardens were becoming established, but were well maintained.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

RISK MANAGEMENT

Inspector's findings:

Risk Management Policy

There was a risk management policy in place for the establishment.

All patients had a risk assessment to support their care plan. .

Security

Heatherwood Court provided both medium secure and low secure services. The reception was manned on a 24 hour basis. Staff reported that all visitors were escorted in patient areas.

Visitors were not allowed on the ward areas as a visiting room was provided in the administration block. This room was equipped with CCTV that was used when children visited. The registered manager or the deputy manager explained the use of the CCTV to the children.

Workmen were issued with work permits when visiting the establishment. On arrival they were issued with an ID badge and radio in exchange for their vehicle keys.

Management of Violence and Aggression

All staff had received training in the management of violence and aggression as part of their induction. The registered manager reported that training was also provided specific to the needs of individual patients.

Resuscitation equipment

First aid training was provided to all staff. The registered nurses had been trained in the use of the defibrillator kept on site. Staff were advised of the need to have the defibrillator calibrated at least annually.

Medicines Management

There was a contract in place with Ashton's Pharmacy for the provision of medicines. A contract for the removal of pharmaceutical waste is now in place.

It was noted that there were excessive amounts of medicines prescribed for an individual patient on an 'as required' basis. The registered person must ensure that there are systems and processes to ensure that prescribing of required medicines are kept to a minimum.

Mental Health Act

A mental health act administrator was in place. Staff described that training had been provided to implement the updated Mental Health Act which came into force from November 2008. There appeared to be good practices in place to meet the requirements of the revised Code of Practice for Wales.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/4 HIW must be provided with evidence that prescribing of 'as required' medicines are kept to a minimum and are not prescribed in such quantities that could be life threatening if all were administered at once.	31 July 2009	Regulation 14(5) Standards C24, M17

RECORDS AND INFORMATION MANAGEMENT**Inspector's findings:****Data Protection Act**

Policies and procedures were in place for management of information. All staff interviewed were aware of the need for confidentiality and secure storage of personal information in line with the Data Protection Act.

Staff Records

Staff records were not inspected on this occasion, but were scrutinised at the time of registration and found to be compliant with regulatory requirements.

Patient records

A sample of patient records were observed during the inspection. These found to be in good order. There was evidence that care plans had been explained to patients and that patients had signed to this effect.

The registered manager reported that the multi disciplinary records were bound at the end of each month to keep records together in a professional format that were easier to archive and retrieve if required.

Patient Money

Money was held for safekeeping for a number of patients. There was an audit in place to monitor receipts, balances and signatures

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

RESEARCH

Inspector's findings:**Research Policy**

A corporate policy was in place that met regulatory requirements.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

ACTION PLAN FROM REPORT

Inspector's findings:

The focus of the inspection and report for this year had been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

4 new requirements had been identified in this report. The registered persons must ensure that an action plan is produced to meet the requirements made.

New requirements from this inspection:

Action Required	When Completed	Regulation Number
<p>i. HIW requires the submission of an action plan addressing all the requirements made this year. The action plan must clearly identify</p> <ul style="list-style-type: none"> • the requirement, • the action to be taken, • person responsible, • due date for completion, • and a status report as of the day of the action plan. • The plan must be reviewed 3 monthly, and a copy submitted to HIW on the last day of the third month until all requirements have been met. 	<p>31 July 2009</p>	<p>Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i></p>

Inspector's Name: H Nethercott

Date: 29th July 2009

Inspector's Signature: 