

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Private and Voluntary Healthcare**

**Llanbedr Court
Chepstow Road
Newport
NP18 2AA**

Dates of Inspection

17 December 2008

Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road, Caerphilly,
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INSPECTION REPORT

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

Healthcare Provision:	Independent Hospital – Mental Health
Contact telephone number:	01633 401300
Registered Provider:	Llanbedr Court Ltd a subsidiary of Ludlow Street HealthCare Ltd.
Responsible Individual:	Steve Bartley
Registered Manager:	To be determined. Acting Manager-Stellah Chinamo
Number of places:	35
Category:	Independent Hospital registered to provide care for 35 patients whose primary need for care and treatment arises from mental disorder including those who have an identified learning disability and/or who are liable to be detained under the Mental Health Act 1983.
Date of first registration:	17 th September 2004
Date of publication of this report:	29 th July 2009
Date of previous published report:	22 nd September 2008
Lead Inspector:	Helen Nethercott
Specialist Inspectors/Advisors:	Mary Browning – HIW reviewer Ann Jenkins – HIW reviewer

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Healthcare Inspectorate 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.

HIW's Inspectors are authorised to enter and inspect healthcare establishments 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 relative/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 setting'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.

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 HIW web site: <http://www.hiw.org.uk/>

OVERALL VIEW OF THE HEALTHCARE SETTING

Llanbedr Court is an independent hospital situated in Llandevaud, near Newport, and is a short distance from the M4 motorway.

Llanbedr Court Ltd operates as a subsidiary of Ludlow Street Healthcare whose head office is in Cardiff.

The hospital was registered as an independent hospital to accommodate adults who may be detained under the Mental Health Act 1983. The registration categories included mental disorder and learning disability, and the setting also offered a service to those with organic brain disease and acquired brain injury.

The service at Llanbedr Court was registered to provide services from four separate units.

- Upper Raglan on the first floor to accommodate up to 5 female patients.
- Lower Raglan on the ground floor to accommodate up to 10 male patients.
- Brecon unit on the ground floor for up to 11 male and female patients.
- Crickhowell unit on the ground floor for up to 9 male or female patients aged 30 years and over.

At the time of inspection some refurbishment works had been undertaken and patients were accommodated as follows

- Upper Raglan had 4 female patients
- Lower Raglan had 8 male patients
- Brecon Unit had been redecorated and extended and accommodated 11 patients that were previously on the Crickhowell Unit.
- Crickhowell Unit was empty and was being refurbished.

HIW was in receipt of an application to vary the conditions of registration to take account of the redesign of the layout of the service.

Llanbedr Court was a locked service and there were CCTV cameras, internal electronic locks and panic alarms for staff members. The external grounds were secure, with external gates controlled from the reception area.

The inspection team would like to thank the management team, staff and patients for their time, assistance and co-operation during the inspection process.

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 acting manager of the establishment and staff team were involved throughout this process and they 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.

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 a person may be detained under provisions of the Mental Health Act 1983.

INFORMATION PROVISION

Inspector's findings:

Statement of Purpose

The statement of purpose for Llanbedr Court was under review. The Inspections Manager advised that an up to date version should be submitted to HIW to accompany the application to vary the statement of purpose by the beginning of January 2009.

An updated document has since been received by HIW.

Patient Guide

The patient guide must be revised and updated in accordance with any revisions to the statement of purpose. Staff reported that assessments were underway to determine the level of literacy for patients so that information could be tailored to their individual needs.

Notice Boards

There was a range of information on the notice boards in the main entrance way. Information for patients included details of the advocacy service and forthcoming events.

Arrangements for Visiting

The statement of purpose described the arrangements for visiting. Visitors were generally encouraged to visit outside those hours identified for therapeutic activities. However the Manager and staff reported that visitors travelling significant distances can be accommodated through agreements with staff at the unit.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0708/1 The statement of purpose must be updated to meet regulatory requirements.	15 December 2007	Regulation 5 Schedule 1 Regulation 7(a)
0708/3 The methods for consulting with patients about the operation of the establishment as specified in the statement of purpose must be implemented	31 December 2007	Regulation 5 – Schedule 1 para 7 Standard C6.1

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
0708/2 The level of comprehension of information for each individual must be assessed to determine the format and language of information on services and complaints to be provided. This outcome must be recorded in the relevant medical record.	31 January 2008	Regulation 8(1)g Regulation 14(1)a Standard C1.4

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

QUALITY OF TREATMENT AND CARE

Inspector's findings:

Clinical Governance

A clinical governance strategy had been developed by Ludlow St Healthcare and minutes of the meetings were available for inspection.

Clinical Governance was a developing theme within the organisation and needed to be matured into processes that directly impacted on the quality of outcomes for patients.

Audit Programme

An audit programme was in operation at Llanbedr Court, however it was not sufficient to meet the audits required by the National Minimum Standards. After the last inspection it was reported that an audit plan was being developed and that a senior manager had been appointed to coordinate a clinical audit programme.

Policies and procedures

Policies and procedures had been updated since the last inspection report. 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 Llanbedr Court was 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.

Patient Centred Care

The previous inspection report highlighted the need for better multi-disciplinary working, with more targeted and integrated treatment programmes for individual clients and more frequent planning and review meetings.

It was noted that multi disciplinary working had improved significantly, and appeared to be better coordinated. Patients interviewed on the day of inspection said that wanted to be more involved in the decisions made by the multi disciplinary team.

A range of activities were described to provide a structured day for patients which included attendance at college, occupational therapy sessions and some 1-1 work. However patients interviewed on the day of the inspection commented that there was no regular timetable of activities for them as individuals and they did not feel there was enough to occupy their day.

The registered provider must ensure there is a plan for a structured day for each person within the service to meet their identified needs.

Minutes of Patient Meetings

It was noted that there were regular community meetings for patients and dates for these meetings were identified well in advance.

Members of staff also reported that a monthly relatives meeting had commenced to improve communication links between the service and families. This appeared to be working well.

Advocacy

There were contractual arrangements for Hafal to provide an advocacy service at Llanbedr Court.

Privacy and Dignity

It was noted that fully segregated washing and toilet facilities had been identified in the mixed gender areas and were being utilised at the time of the inspection.

The registered persons were required to review the quality of the service provided at Llanbedr Court including the patient mix, environment and treatments available to address a number of issues identified in this report. HIW received a copy of the report which underpinned the changes made to the design and layout of the service. HIW was awaiting notification of completion of the changes to assess the improvements made.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0607/1 The registered provider should reintroduce regular meetings for the residents on each unit, and produce minutes of meetings accordingly. The quality assurance process should be repeated at regular intervals, and key issues raised by residents should be clearly documented with recorded outcomes. A copy of the report should be provided to residents and the Healthcare Inspectorate Wales.	6 th April 2007 6 th April 2007	Regulation 16.-(1)(3) Regulation16.-(1)(2) (3)
0708/4 Policies and procedures must be developed and implemented in relation to the arrangements for assessment, diagnosis and treatment of patients.	30 November 2007	Regulation 8(1)g Standard M13
0708/5 There must be a review of the quality of treatment, environment and other services provided to the patients at Llanbedr Court. The review must include consideration of the <ul style="list-style-type: none">• patient mix,• environment and• treatments available at Llanbedr Court. The review must include consultation with patients and their representatives. A report of the review must be provided to HIW and be made available to patients.	31 March 2008	Regulation 16 Standard M27

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
0708/14 The registered persons must ensure that an audit programme is developed and implemented to review the quality of the service provided at Llanbedr Court that also meets the National Minimum Standards	31 March 2008	Regulation 16(1) Standards M4, M7.2, M8.6, M17.2, M30.7, M32.10, M35.7, M35.10, M41.7

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/1 The registered persons must ensure there is a plan for a structured day for each person within the service to meet their identified needs.	31 July 2009	Regulation 14(1) & 15(1) Standards M13
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
0809/3 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

MANAGEMENT AND PERSONNEL

Inspector's findings:

Registered Manager

There had not been a registered manager at Llanbedr Court for several years. At the time of inspection Stelah Chinamo was the nominated registered manager. Registered manager status has since been approved with HIW.

Responsible Individual

The responsible individual was Mr Steve Bartley, Regional Manager. The quality monitoring visits as required by Regulation 25 have been undertaken by the area Manager in the past. It was reported that the reports were discussed regularly at the operations meeting which was attended by members of the Board.

The Inspections Manager advised that copies of the reports had occasionally been submitted to HIW, usually just after an inspection, but these must be provided to HIW at least every 3 months.

Human Resources Policies

A range of corporate policies and procedures were in place for Ludlow Street Healthcare. HR support was provided centrally from the Head Office in Cardiff.

Staffing - Skill Mix

There were staffing notices in place for the establishment that were issued in April 2006. These were due to be reviewed and updated by HIW in line with proposed changes to the operation of the establishment following the refurbishments in the service.

Training

It was reported that a training plan had been developed for staff that was tailored to the individual needs of patients at Llanbedr Court.

Training had also been provided in relation to the Mental Capacity Act and revised Mental Health Act. Staff interviewed on the day of inspection made positive comments about the training available to them.

Supervision

There was a corporate policy in place to describe the supervision arrangements for members of staff. The policy stated that supervision will take place at 2 monthly intervals.

Interviews with staff indicated that some supervision was in place but it had not yet been implemented across the establishment. The registered persons must confirm to HIW that supervision had been implemented in accordance with the policy for the organisation.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0607/2 A range of unit specific training opportunities should be provided for all a staff that addresses the common conditions and associated needs of the patient group.	6 th August 2007	Regulation 17.-(2)(a)
0708/10 A training strategy must be developed and implemented to provide a) Training and annual updates for all staff on their responsibilities under the MHA and Code of Practice. b) Implementation of the Mental Capacity Act. Training linked to the clinical conditions of those accommodated at Llanbedr Court.	31 December 2007	Regulation 17(2) Standard M47
0708/16 The registered persons must ensure that the multi disciplinary team are working together effectively and in line with published best practice to meet he needs of patients.	30 April 2008	Regulation 14(1) Standard M2, M11, M13

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
0708/13 A copy of the report produced to comply with Regulation 25 must be provided to HIW at least every 3 months.	15 December 2007	Regulation 25
0708/15 The registered persons must ensure that the policy developed for staff supervision is reviewed to ensure it makes provision for all disciplines, and there are mechanisms in place to monitor the implementation of the policy. The registered persons must confirm to HIW that supervision had been implemented in accordance with the policy for the organisation.	31 March 2008	Regulation 17 Standard C9, C12,

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

COMPLAINTS MANAGEMENT

Inspector's findings:

Number of Complaints

There was a policy in place for management of complaints that complies with requirements.

Information on Complaints

It was reported that patients received appropriate information on complaints.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

None

PREMISES, FACILITIES AND EQUIPMENT

Inspector's findings:

Llanbedr Court is an independent hospital situated in Llandeud, near Newport, and is a short distance from the M4 motorway. There are public transport links in the area.

External

To the rear of the property there were a number of outdoor/gardens which included a large landscaped garden and smaller fenced courtyards. At the time of inspection the garden areas were being redesigned in parallel to the internal redesign of services. The suitability will be followed up at the next inspection.

Internal

The internal redesign of the building had not been completed at the time of inspection. The importance of separate spaces on mixed gender units was highlighted.

The inspections manager had previously emphasised the importance of access to garden spaces and smoking areas directly from the units. This was being addressed and modifications were being made.

It was noted that the décor and cleaning had improved across the establishment. It was also noted that a better supply of furniture was available for use by patients.

Clinical Waste

The clinical waste was stored in an area to the front of the main building in locked bins. A contract was in place for the removal of waste.

Services Installations

Maintenance information and technical certificates were not inspected on this occasion.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0708/11 The flooring must be replaced to maintain the dignity of the occupant and provide an environment that is clean, hygienic and free from noxious smells.	30 November 2007	Regulations 15(4)a, 24(2)b& c Standard C19.9

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

RISK MANAGEMENT

Inspector's findings:

Risk Management Policy

A risk management policy was in place for the establishment. The manager reported that a risk management file was maintained for the establishment.

Staff confirmed their awareness of the need to notify HIW of any serious incidents or accidents and Regulation 27 reporting forms have been received at HIW.

Clinical Risk Assessments

Comprehensive clinical risk assessments were observed to have been completed for each of the records examined. Once completed there was evidence that these had been signed off by the multi disciplinary team.

Guidance on the use of physical interventions were also observed to be in some of the records, which provided an individualised approach to aggressive or threatening behaviours, including prompts for de-escalation.

Major Incident Planning

A major incident plan had been developed and a copy provided to HIW. In the event that the establishment needs to be evacuated in an emergency there are plans in place to relocate to another hospital operated by in Ludlow Street Healthcare in the Cardiff area.

Fire

It was noted that the Fire Risk Assessment was due to be reviewed and upgraded in January 2009. HIW requires confirmation that this has been completed.

Security

Llanbedr Court was a locked service and there were CCTV cameras, internal electronic locks and panic alarms for staff members. The external patient areas had high wooden fences to provide a secure boundary and the grounds and car park are accessed from the main road by external gates (waist high) controlled from the reception area.

Medicines Management

A contract was in place for the provision of medicines from Ashtons Hospital Pharmacy Service. The contract included pharmaceutical advice and audits of practice in the establishment. There was evidence that audits had been undertaken and action plans developed to respond to the areas where improvements were required. There were no patients who self-administered medication.

Resuscitation

A defibrillator was available and staff had received training in the administration of oxygen. The registered person must ensure the defibrillator is checked and calibrated annually to ensure it is safe to use.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0708/17 Notifications to HIW should be made using the designated HIW and not CSIW documentation.		Regulation 27.
0708/18 An application to vary the conditions of registration must be submitted to HIW as soon as changes to the service to be provided at Llanbedr Court have been formally agreed. This must be accompanied by a revised statement of purpose.	30 April 2008	Care Standards Act S15(1) Regulation 7
0708/19 The registered persons must ensure there are processes in place for medicines management to ensure <ul style="list-style-type: none">▪ Policy documents accurately reflect the contract provision for pharmaceutical services.▪ Recommendations for action as identified by the pharmacist advisor are fully implemented.	31 March 2008	Regulation 14(5)

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/4 HIW requires confirmation that the Fire Risk Assessment was reviewed and updated in January 2009.	31 July 2009	Regulation 24(4) Standard C23

RECORDS AND INFORMATION MANAGEMENT

Inspector's findings:

Data Protection Act

There were processes and information in place to comply with the Data Protection Act and ensure confidentiality of information.

Patient Records

It was reported that documentation had been reviewed since the last inspection. It was noted that the case files were generally well organised. Care plans and a multi disciplinary treatment plan were observed to be in place for patients.

Staff reported that an as assessment pack had been developed to provide an assessment for patients within the first six weeks of admission.

Staff Records

Staff records were not reviewed at this inspection having been looked at in some detail at the last inspection.

Records Audits

HIW requires evidence that the records audits have been completed and action plans developed and implemented as required.

Archive

It was reported that records for patients who have been discharged are archived at the Head Office in Cardiff; other records were archived in a designated room on the premises. The Inspection Manager was informed that they were stored in line with regulations.

Patient Money

The Manager reported that patients are encouraged to keep their own money, however a safe was available for the safekeeping of patient money if required.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
0708/8 An action plan must be developed and implemented to address the shortcomings in the care plans and records.	31 December 2007	Regulation 20 Standard C32
0708/9 Supervision must be implemented for all staff as specified in the policy.	31 December 2007	Regulations 17(2)a Standard C9
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
0708/20 A records audit must be developed and implemented to monitor the quality of records maintained by all disciplines. The audit must take place at least annually and results and action plan reported through the clinical governance group.	31 July 2008	Regualtion20(1) Standard C32, M13
0708/21 The registered persons must develop a staff records audit to monitor compliance with the regulatory requirements for recruitment and employment of all staff and comments made in this report. A baseline audit must be conducted and the results and action plan submitted to HIW.	31 July 2008	Regualtion18, 17, 20 Schedule 2 Schedule 3 Part II(7)

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

RESEARCH

Inspector's findings:

HIW had been provided with a copy of a research policy for Llanbedr Court.

Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

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.

Submission of a detailed action plan in relation to the 7 outstanding and 4 new requirements was required as a result of this report as set out below.

New requirements from this inspection:

Action Required	When Completed	Regulation Number
i. HIW requires the submission of an action plan addressing all the requirements made this year and those carried forward in this report. The action plan must clearly identify <ol style="list-style-type: none"> 1. the requirement, 2. the action to be taken, 3. person responsible, 4. due date for completion, 5. and a status report as of the day of the action plan. 6. 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. 	31 July 2009	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>

Inspector's Name: H Nethercott

Date: 29th July 2009

Inspectors Signature:

H Nethercott