



Mental Health Service Inspection (Unannounced) Aderyn Hospital

Inspection date: 26 – 27 October 2016

Publication date: 30 January 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of Aderyn Hospital on 26 and 27 October 2016.

HIW explored how Aderyn Hospital comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards. For independent mental health services, HIW also considers how the service meets the requirements of the Independent Health Care (Wales) Regulations 2011 and National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

During our inspections, we consider and review the following areas:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services.

<http://www.hiw.org.uk/regulate-healthcare-1>

- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability visit to Aderyn Hospital on the evening of the 26 October and all day on the 27 October 2016.

The hospital was first registered in 2001 to provide a brain injury service; however, since 20 October 2006 the registration had been varied to provide 19 beds for male patients aged 18 years and upward in need of psychiatric rehabilitation. Additional conditions of registration specify that the patients must have a mental disorder and may be liable to be detained under the Mental Health Act 1983. Aderyn is also registered to provide a day service to a maximum of two patients as part of their rehabilitation programme and preparation for discharge. The hospital is currently owned by Partnerships in Care and functions as an outlying ward of Llanarth Court Hospital, near Abergavenny.

The visit was also undertaken to establish events that took place prior to, and during, a reportable incident on 28 January 2016 and to review the governance arrangements that are being put in place for the imminent restructuring of Partnerships in Care that are being considered as part of a new registration application.

The review team comprised of one Mental Health Act Reviewer and three members of HIW staff.

3. Summary

Our inspection to Aderyn hospital in October 2016 was a positive visit with many areas of noteworthy practice in operation. We found scope for improvement but were also pleased to reflect positive findings.

Staff and patients were welcoming throughout our visit, engaged positively with the inspection process and the hospital environment was clean and tidy.

Patient feedback regarding the food served at the hospital continued to be positive, with good portion sizes served and kitchen staff work well with patients and staff to ensure any dietary requests are catered for.

We identified a number of areas throughout the hospital that required attention, specifically around maintenance and safety. The external lighting on approach to Aderyn and directly outside the building was inadequate and the lift had been out of action for a couple of months. It is also a requirement that bed rail protectors are provided where appropriate for safety reasons and restrictor issue on windows be addressed.

The clinic room check and medication management checklist used was an example of good practice and management.

The individual care review meetings were patient centred and the multi disciplinary team worked well together. There were well developed links with a local GP and physical healthcare nurse. However, all observational records must be comprehensively completed, in particular, to demonstrate that quality assurance checks have been carried out by the registered nurse in charge and more detailed information reflecting the current levels of patient observation.

We requested that a review of patients having access to call systems when in bed be undertaken and an action plan to resolve this issue is completed and shared with HIW.

We requested that a further independent review of the reportable incident that took place on 28 January 2016 be completed and sent to HIW no later than 31 December 2016.

Our review of the Mental Health Act records highlighted they were in order and legal documentation was up to date and compliant with the Mental Health Act.

4. Findings

Quality of patient experience

Ward environment

Aderyn hospital has two floors, with the first floor containing the majority of patient bedrooms, bathrooms and computer room. Patients could access the first floor via the staircase or a lift, which staff operated with a key. It was noted that the lift has been out of action since August 2016 and maintenance staff were actively trying to resolve the fault.

A lounge/session room with easy chairs was situated off the hallway. The room has recently been re-decorated and re-furnished and was pleasant with views overlooking the hospital grounds.

Opposite the lounge/session room was the Blue room and conservatory.

The Blue room was a large room which has also recently been re-decorated and re-furnished and was bright and welcoming with new pictures on the walls. There was sufficient seating for the patient group and a TV and DVDs were available.

The conservatory overlooked the grounds of the hospital and offered recreational activities such as a pool table, gym equipment and a darts board. It was noted that the window on the conservatory required repainting.

A laundry room was available for patients to launder their own clothes. During our visit we observed laundered clothing scattered on the floor of the laundry room mixed with dirty laundry. This was brought to the staff's attention and explained that there was a serious risk of cross infection.

The practice kitchen provided facilities and equipment for patients to prepare and cook their own food and was well used.

The clinic/treatment room has been refurbished and was clean and well maintained.

The cleanliness of the environment during our visit was good, but the general appearance of the nurses office looked very tired.

Adjacent to Aderyn hospital is a cottage which is a two bedded step down facility, providing semi independent living for patients. Due to time constraints the cottage was not visited.

Improvement needed

A maintenance programme is required to ensure the hospital maintains satisfactory standards. Particular attention is required to the external lighting in the grounds, lift maintenance, repairs to external windows and re-decoration of some rooms.

A process to monitor the laundry room that ensures patients and staff are educated regarding the placement of clothes in baskets provided is required, and must be adhered to.

Privacy and dignity

All patients had their own bedroom in which they were able to have their own belongings. Patients were able to lock their bedroom doors and told us that their privacy and dignity was respected, with staff knocking on bedroom doors before entering.

The hospital had facilities to enable patients to meet with family and friends in private and a payphone was available for patients to use. The patients we spoke to said they had a named nurse who they could meet with in private.

Staff told us that the hospital had sufficient space to enable patients' adequate privacy and dignity and during our visit we observed good staff and patient interactions with staff treating patients with dignity and respect.

Patient therapies and activities

Aderyn offered the patient group a wide variety of activities and therapies. During our visit a group of patients went hiking for a couple of hours.

The majority of patients we spoke to said there were enough activities going on at the hospital and all patients had been asked what they like to do.

Staff we spoke to said there were plenty of activities on offer for patients and days were quite full, they also stated that there had been an increase in patient involvement of what patients would like to do.

Patients had access to a GP who would visit Aderyn twice a week, a chiropodist visited on a regular basis and a physical health nurse supported staff regarding patient physical health care. A chaplain also visits Aderyn on a regular basis.

Patients and staff were very positive about Advocacy services provided to support patients when they required it. Posters were displayed with advocacy contact information and patients we spoke to said they knew how to contact

an advocate. Staff confirmed that an Independent Mental Health Advocate (IMHA) visits weekly or more if required.

Food and nutrition

All the staff we spoke to said the meals served at Aderyn were of good quality and nutritionally varied. The majority of patients we spoke to also confirmed they enjoyed the meals, stating the food was cooked well. Patients had access to drinks and snacks outside of set mealtimes and could also buy and store their own food. Patients with specific dietary requirements had menus devised to accommodate their needs.

Patient feedback regarding portion sizes was positive, stating they had enough to eat and never went hungry and staff confirmed that patients had plenty of food.

Staff told us that patients were weighed on a regular basis. There was no dietician in place at the time of our visit and nursing and occupational therapy staff were working with catering staff regarding healthy lifestyle needs, with the chef looking into providing nutritional values of the meals provided.

Delivery of safe and effective care

Application of the Mental Health Act

The referrals and administration manager was interviewed and gave assurance that good from the organisation's legal team is readily available should it be required.

At the time of the visit, all original Mental Health Act documentation, once received and scrutinized, was retained in the Mental Health Act Administration office at Llanarth Court from where it is scanned to the patient's electronic record.

The statutory detention documents of five detained patients being cared for at Aderyn hospital were reviewed and the following issues/ good practices were identified:

- The MHA 1983 Code of Practice for Wales (2016) gives statutory guidance and beneficial but not statutory guidance. Those to whom the Code is addressed must have regard to it and receive training in it to ensure that they are familiar with its requirements. It is guidance to which great weight should be given and which any hospital should consider with care; any departure from the Code should only take place if a hospital has cogent reasons for doing so.
- The Code should be available to patients, families, carers, advocates and others who support them. There were no copies of the document in either English or Welsh in the unit. Aderyn hospital was asked to resolve this issue as a matter of urgency.
- The granting of leave and the conditions attached to it should be clearly recorded in the patient's case notes and it was noted that section 17 leave authorisation forms were in electronic format. It was suggested that good practice would be to continue using a form on which the Responsible Clinician could authorise leave, specifying any conditions. The Code of Practice for Wales does not specify that such a form should be in paper, electronic or any other format, however, it does determine that "Copies should be given to the patient, any appropriate relatives or friends and any professionals in the community who need to be informed" – 27.18 Mental Health Act 1983 Code of Practice for Wales (2016).
- Depending on the patients capacity, it would also be good practice for the patient to sign the form to evidence that "they have been encouraged to give their own views on their leave" – 27.20 Mental

Health Act 1983 Code of Practice for Wales (2016). The outcome of leave should be recorded in the patient's notes to inform future decision-making but there was little evidence of this.

- Laminated copies of current CO2 and CO3 forms are retained with medicine cards; they are replaced appropriately when reviewed by the Responsible Clinician or Second Opinion Appointed Doctor. However, two of the CO2 Forms completed by the Responsible Clinician were virtually illegible.
- “The arrangements for authorising people to exercise delegated functions should be set out in a Scheme of Delegation – 37.8 Code of Practice for Wales (2016). The Organisation was able to evidence that such a scheme had been approved by a resolution of the body itself.
- The MHA Administrator has a rolling programme in place to audit MHA documentation.
- Good relationships have been established with other Mental Health Act Administrators in Wales as well as Clerks of Courts. Mental Health Act Administrators should be encouraged to attend meetings of the Mental Health Act Administrators' Forum in Wales to establish and maintain contact and peer support. It was pleasing to note that the Mental Health Act Administrator has achieved a certificate in Mental Health Law having undertaken a course in conjunction with Northumbria University.
- Currently, all Hospital Managers' hearings are clerked. This is a questionable drain on Mental Health Act Administrators' time when records of Hospital Managers' Reviews could be undertaken by the Chair on the day, following the example of the Mental Health Review Tribunal for Wales. In adopting this way of working, telephone support via the MHA Administrator would need to be available.

Improvement needed

Copies of the Mental Health Act 1983 Code of Practice for Wales (2016) must be made available to patients, families, carers, advocates and others who support them as a matter of urgency.

Application of the Mental Health Measure

Examination of care documents

It was noted that on numerous occasions the observational records were not routinely completed by the nurse in charge.

Documentation for observational levels did not reflect the current 15 minute observations for one patient.

A patient had a wound following an injury and there was a lack of an informative description of the condition of the wound and the care being provided.

Improvement needed

All observational records must be comprehensively completed to demonstrate that a quality assurance check of entries has been completed by the registered nurse in charge.

More detailed information to be provided on the care plan to demonstrate effective wound care and the condition of the wound.

Individual patient documentation must reflect the current level of patient observation.

Safety

All of the patients we spoke to said they felt safe at Aderyn and no staff raised any safety concerns. The team did observe a safety risk for one of the patients where, given the patient's current health, it would have been appropriate for bed rail protectors to be available.

In some patient bedrooms, beds and nurse call facilities were at opposite sides of the room, the team advised that these should be in close proximity to each other.

The clinic/treatment room was very well organised with the emergency bag well stocked and all records completed appropriately.

The window restrictors on some of the first floor windows in patient rooms did not restrict sufficiently.

A number of ligature risks were observed, especially door closures. This needs to be addressed.

Documentation was examined in respect of the reportable incident that took place on 28 January 2016. Discrepancies were noted and HIW requested that a further review takes place by an independent person, to clarify the events prior to and during the incident on 28 January 2016.

Improvement needed

Bed rail protectors must be provided where appropriate for safety reasons.

A review of patients having access to call systems when in bed to be undertaken and an action plan to resolve this issue to be completed.

Restrictor issue on windows must be addressed.

An independent review of the reportable incident must be completed and sent to HIW no later than 31 December 2016.

HIW to be provided with a copy of an up to date ligature risk assessment for Aderyn.

Quality of management and leadership

Governance, leadership and accountability

During the visit it became apparent that business continuity arrangements need to be put in place for the imminent re-structuring and registration of Partnerships in Care Limited, in particular clarification about the appointment of a Responsible Clinician for Aderyn.

Improvement needed

Aderyn to provide clarification of the business continuity arrangements that are being put in place for the imminent re-structuring of Partnerships in Care Limited.

The multi-disciplinary team

All the staff we spoke to commented positively on how the multi disciplinary team (MDT) was working. Staff stated that MDT meetings take place on a regular basis and all disciplines are represented including Psychology, Occupational Therapy, Doctors and Nurses. Staff told us that MDT meetings are collaborative and that professional views and opinions from all disciplines are sought and staff felt respected by each other.

Staff training and resources

Staff spoken to during the visit gave conflicting information with regards to observation levels and adherence to local Partnerships in Care policy.

Staff were complimentary about the online training system that has been introduced.

Aderyn's mandatory training statistics evidenced that staff were up to date with their training.

Improvement needed

All staff must receive training in the observing of patients with particular emphasis upon ensuring there is a robust clear process of what levels are being facilitated for each patient based on a risk assessment.

5. Next steps

HIW issued an immediate assurance letter to Aderyn Hospital in relation to the maintenance issues identified during the visit.

HIW will issue a letter requesting clarification of business continuity arrangements following the company re-structure

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Aderyn Hospital will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

6. Methodology

HIW inspections of mental health services seek to ensure services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards. The focus of HIW's mental health inspections is 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 plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- 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.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

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.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. For independent services, the registered provider of the service will be notified of serious regulatory breaches via a non-compliance notice². These findings (where they apply) are detailed within Appendix A of the inspection report.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

Appendix A

Mental Health Service: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 26 – 27 October 2016

Improvement needed	Regulation	Action	Responsible Officer	Timescale
A maintenance programme is required to ensure the hospital maintains satisfactory standards. Particular attention is required to the external lighting in the grounds, lift maintenance, repairs to external windows and re-decoration of some rooms.	26 (2) (a) (b)	Maintenance program is in place. Please see attached	Hospital Director Maintenance Officer	Complete
		External lighting work completed 28 th November 2016	External contractor	Complete
		Lift service has been reviewed and completed on the 26 th of November 2016	External Contractor	Complete
		Repairs to external windows assessed by external contractor, await completion of required works	External Contractor	31/01/17

Improvement needed	Regulation	Action	Responsible Officer	Timescale
A process to monitor the laundry room that ensures patients and staff are educated regarding the placement of clothes in baskets provided is required, and must be adhered to	15 (8) (a) (b) (c)	<p>Hourly checklist to be completed by staff to ensure cleanliness and general monitoring of individual patient need.</p> <p>ADL sessions, individual and group sessions on laundry management and infection control.</p> <p>Issue raised in the weekly patient community meeting.</p>	<p>Ward Manager</p> <p>Occupational Therapy</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
Bed rail protectors must be provided where appropriate for safety reasons.	15 (10)	Completed and in place will be reviewed by qualified staff		Complete
All staff require comprehensive training in all aspects of	20 (1) (a) & (2) (a)	Ward Manager has received comprehensive	Ward Manager	Complete and ongoing

Improvement needed	Regulation	Action	Responsible Officer	Timescale
observing patients.		<p>training/supervision to provide same to other staff</p> <p>Team meeting discussion</p> <p>Colour coded system implemented for enhanced observation levels</p> <p>Daily audit implemented of observation paperwork by Ward Manager/Designated deputy</p> <p>Itemized topic in Supervision sessions for December/January</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>All Staff</p>	<p>support to other Team Members</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>31/01/17</p>
Bed rail protectors must be provided where appropriate for safety reasons.	15 (10)	Completed and in place will be reviewed by qualified staff		Complete

Improvement needed	Regulation	Action	Responsible Officer	Timescale
A review of patients having access to call systems when in bed to be undertaken and an action plan to resolve this issue must be completed.	15 (1)	Call systems have been reviewed and positioned to be accessible to patients in bed		Complete
Restrictor issue on windows must be addressed.	15 (1)	Audit has been completed and external works to be completed	External Contractor	31/01/17
An independent review of the reportable incident must be completed and sent to HIW no later than 31 December 2016.	30 & 31	Elysium Chief Nurse is carrying out review and will submit within timeframe	Chief Nurse	31/12/16
HIW to be provided with a copy of an up to date ligature risk assessment for Aderyn.	47 (1) (c)	Audit completed 05/12/16 (Attached)	Ward Manager	Complete
All staff must receive training in the observing of patients with particular emphasis upon ensuring there is a robust clear process of what levels are being facilitated for each patient based on a risk	20 (1) (a)	Training as 20 (1) (a) & (2) (a) Clear Policy and Procedure relating to Patient Observation	Ward Manager MDT	31/12/16

Improvement needed	Regulation	Action	Responsible Officer	Timescale
assessment.				
Aderyn to provide clarification of the business continuity arrangements that are being put in place for the imminent re-structuring of Partnerships in Care Limited.	33 (1) (d)	Submitted separately by Responsible Individual		Complete
Copies of the Mental Health Act 1983 Code of Practice for Wales (2016) should be available to patients, families, carers, advocates and others who support them as a matter of urgency.	22	Immediately actioned. Available in main office and within patient area and is accessible for all parties.		Complete
All observational records must be comprehensively completed to demonstrate that a quality assurance check of entries has been completed by the registered nurse in charge.	23 (1) (a)	Form amended and signed by nurse in charge and checked each morning by ward manager/designated deputy		Complete
More detailed information to be provided on the care plan to	23 (1) (a)	Immediately actioned by the physical health care nurse and		Complete

Improvement needed	Regulation	Action	Responsible Officer	Timescale
demonstrate effective wound care and the condition of the wound		primary nurse		
Individual patient documentation must reflect the current level of patient observation	23 (1) (a)	Immediately actioned – dashboard checked during handovers to ensure that the information is accurate		Complete