

# **Independent Mental Health Service Inspection (Unannounced)**

Regis Healthcare Ltd: Brenin and  
Ebbw units

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2018

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Regis Healthcare on the evening of 13 and during the days of 14 and 15 March 2018. The following site and units were visited during this inspection:

Ebbw Vale Hospital (Child and Adolescent Mental Health Service)

- Brenin
- Ebbw

Our team, for the inspection comprised of one HIW inspection manager; two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and two lay reviewers. The inspection was led by the HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

We found significant concerns regarding the excessive use of full physical restraint. Consequently we were not fully assured that the young people in Regis Healthcare were being cared for safely and outcomes monitored effectively; this resulted in HIW issuing a non-compliance notice to the responsible individual and registered manager, details of this can be found at Appendix A.

Additionally a number of issues were found around documentation, regulatory reporting and senior leadership.

Subsequent to our inspection but prior to issuing the non-compliance notice we received communication from the responsible individual contesting the non-compliance notice. The communication further evidenced the lack of understanding and compliance with the Regulatory processes.

We held a formal meeting with the responsible individual, registered manager and a member of the clinical staff to set out our concerns. The outcome was favourable with many of the concerns being discussed and agreed. However, HIW received written confirmation of improvements made on 19 March 2018. These were not satisfactory and the concerns remain unresolved during the writing of this report.

Despite the above findings we saw that care was generally individually focused with significant consideration given to activities and therapeutic intervention, the staff team maintained good relationships with the young people and there was very good access to education, psychology, occupational therapy and community activities.

This is what we found the service did well:

- Care and Treatment Plans were completed to a good standard.

- The Mental Health Act documentation was completed to a good standard
- Staff were positive about the openness of the multi-disciplinary team
- Staff were positive about the support they received from each other
- The psychology, occupational therapy, education and recreational programmes were very good.

This is what we recommend the service could improve:

- As a matter of urgency, significantly reduce the use of full floor restraint practice and move to safer de-escalation techniques
- Improve documentation regarding reporting of incidents and the use of Restrictive Physical Intervention (RPI)
- The robustness of safety procedures out side of core working hours
- Improved reporting of Regulations 30/31 incidents to HIW
- Develop more autonomous management for the registered manager.

### **We identified the service was not compliant with:**

- Regulation 16(2)(b) of the Independent Health Care (Wales) Regulations 2011 regarding safeguarding patients from abuse.
- Regulation 31(1)(b) of the Independent Health Care (Wales) Regulations 2011 regarding the notification of events.

These serious matters regarding the number of and duration of full floor restraint and the omission to notify HIW of any serious incidents resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW had not received sufficient assurance of the actions taken to address the improvements needed.

We also identified additional regulatory breaches during this inspection regarding leadership and management, documentation and security. Further details can be found in Appendix B. Whilst these have not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### **Background of the service**

Regis Healthcare Ltd is registered to provide an Independent Hospital for Children and Adolescent Mental Health (CAMHS) at Ebbw Vale Hospital, Hillside, Gwent NP23 5YA.

The service has two units Ebbw and Brenin, both have 12 beds and only offer care to young persons under the age of 18 years. Ebbw is a single gender female only unit.

At the time of inspection, there were 23 females at the unit.

The service was first registered on 15 January 2014.

The service employs a staff team which includes the Registered Manager a team of Registered Nurses (Mental Health), two Registered Nurses (Adult) and Health Care Support Workers. The multi-disciplinary team includes Psychiatrists, Doctors, Psychologist and Assistant Psychologists, Occupational Therapists and Technical Assistants, Teachers and Teaching Assistants and Activities co-ordinators. There was also a large administrative team which supported the clinical teams in the daily running of the hospital.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

It was evident that an effort has been made in the design and furnishing of the units to provide a suitable environment for the young people to receive care.

Although we observed occasions whereby staff were treating the young people with consideration and compassion and the young people told us that this was usually the case; we had significant concerns regarding the number and duration of full physical restraints recorded on a number of young people. This meant we could not be assured that the care provided was always dignified or respectful.

We were satisfied that the quality of the young persons experience with regard to psychological, educational and occupational therapy was good. Additionally, the programme of activities was varied and included many community based events which gave opportunities for the young people to broaden their life experiences.

### Dignity and respect

Although we found generally that the young people at the hospital were treated with dignity and respect by the staff in the day to day routines we were significantly concerned regarding the number of full floor restraints and for the duration of time that these restraints were maintained on individual young people. During discussions with the young people we were told that the practice was undignified and was "humiliating and uncomfortable to watch" which means that the restraints were undertaken in public areas in the view of other young people. This is discussed further in the body of the report.

It was evident that an effort had been made to provide a suitable environment and facilities to support the provision of therapies and activities. We saw brightly painted walls and an environment which had a modern ambience that was conducive for young people to feel at ease. The environment was, on the

whole, clean and well maintained. However, some chairs were marked and some mattresses were soiled.

The young people had their own bedrooms with en-suite facilities including toilet, sink and shower. Bedrooms were suitably furnished and had sufficient space for their belongings. Young people were able to access their bedrooms freely (unless restricted for their own safety) and could lock them from within. Staff were able to over-ride the locks if required. Each bedroom door had an observation panel so that staff could undertake observations with minimal impact, particularly if the young person was asleep. It was noted that the default position for observation panels was closed and only opened to undertake an observation; this helped maintain the young persons' privacy by preventing others from seeing in to the bedroom. During the inspection many young people required more intense observation during the night and bedroom doors were left ajar and staff sat discretely in the corridor outside.

There was an enclosed garden area on Brenin which had been designed for the young patient group. We were told that this was an area that the young people liked to use for "time out" when they felt particularly stressed.

There were designated hospital cars. These assisted staff to facilitate activities and medical appointments in the community.

#### Improvement needed

The registered manager needs to ensure that the furniture and mattresses are clean and suitable for use.

#### Patient information and consent

On admission to the hospital young people were provided with a detailed information booklet which provided a range of information regarding their stay at Regis Healthcare. There was also a similar booklet given to parents / carers. Within the hospital there was information displayed that included information about the hospital and the advocacy service contact information.

Each individual unit had a "patient at a glance board" (PSAG) displaying confidential information regarding each young person being cared for on the unit. Since our last inspection in 2016, there had been improvements made to hide the information when the boards were not in use to ensure confidentiality could be maintained and the boards could not be viewed when the young people were in the corridors. However, on Brenin ward the staff were closing

the blind on the office observation window to prevent the board being seen. This meant that they could not observe the corridor outside the ward when the blind was down. We discussed this with the Security Manager during the inspection and a cover had been placed around the board and the blind on the window removed before we completed the inspection.

### Communicating effectively

Throughout the ward there were areas where up-to-date information was clearly displayed and we noted appropriate signage throughout the ward.

We noted that there was no Welsh signage and this was discussed with the registered manager and responsible individual. There was one Welsh speaking young person detained at the hospital during the inspection period and we were told the opportunity to speak Welsh was offered.

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated effectively with the young people. Staff took time to undertake discussions using words and language suitable to the individual person. Where information remained unclear or misunderstood, staff would patiently clarify what was said.

#### Improvement needed

The registered manager should consider having main signage and documentation available in Welsh.

### Care planning and provision

On reviewing the Care and Treatment Plans (CTP) we found that they were detailed and legible with outcomes and dates identified. They were of a good standard, well organised and indexed. We also saw examples when reviews were undertaken before the expected annual dates (in one CTP it was in 3 months time) depending on the specific needs of the individual young person. Additionally, the young people had the opportunity and were offered support to present their own views about their care and aspirations in a format that was presented at the CTP reviews.

The hospital had a range of daily morning meetings to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings and medical appointments. We observed one multi disciplinary morning meeting where any changes in individual care were discussed including any behavioural changes overnight. In addition there was

an evening meeting where the young people could again discuss any matters regarding the hospital.

We were told that for individual meetings, the young people could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With the young person's agreement, their families and carers were also included in some meetings. An advocate visited the units every weekday. However, some young people stated that time scales did not always allow for the advocacy service to be available for all individual meetings. It would be beneficial if the time scale to prepare was based on individual needs rather than a blanket notice timescale.

We were told by the nursing staff that the Care Plans for physical health needs were in the process of being updated. Therefore we looked at a random sample of old and new. It was disappointing to see that both sets were unsatisfactory. We saw literature regarding particular treatments, which did not need to be in the care files, each file was disorganised and there was no consistency to the files in general. We did not see the basic health screening that we expected would be in the files. Additionally we saw that important information regarding chronic illnesses and allergies were not recorded in one young persons file.

#### Improvement needed

The registered manager must ensure that physical health care plans are organised and contain the relevant information.

### Equality, diversity and human rights

The hospital provides young people of school age with excellent education input in their Ty Seren facility which is a suitably equipped education resource. Outside of school hours, young people had individual activity and therapy plans and were able to choose what activities and therapies they wished to do each day such as; horse riding, wall climbing, the local gym and shopping. In the evenings there were "take away" nights and "film nights". The young people had access to individual and group psychology sessions and there was also an occupational therapy kitchen which the young people could access for individual and group sessions.

Ty Seren also had a gym hall but unfortunately only two members of staff were trained to use the equipment and therefore there was a limited time for use

outside of core hours. The young people made comments that they would like to use the gym facilities in the evenings after school time.

#### Improvement needed

The registered manager should allow adequate time scales for young people to prepare for meetings based on individual needs rather than a blanket notice timescale

The registered manager needs to audit and organise the physical health files and ensure that important health information is captured on initial assessment

The registered manager needs to ensure that there are sufficient staff trained in the use of the gym facilities out of core hours.

#### Citizen engagement and feedback

We were told that the organisation had recently undertaken a survey of the young peoples' views using "survey monkey", an online survey website. This had been developed to encourage participation from the young people currently at the hospital. However, the findings from this survey were yet to be audited.

There was also a staff member of the month which, we were told, is nominated by the young people. This was a good exercise in positive thinking. However it had not been updated since December 2017.

Legal documentation to detain the young people under the Mental Health Act (the Act) was compliant with the legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code).

There was a complaints policy and procedures in place. The policy provided a structure for dealing with all complaints for services within the hospital.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We were not assured that Regis Healthcare always provided safe and effective care. We were significantly concerned regarding the excessive and prolonged use of full floor restraint and issued a non-compliance notice for immediate assurance that this practice would no longer be routinely used. Additionally, we found weaknesses in maintaining the safety of the building at night and the storage of ligature cutters.

Care and Treatment Plans developed as part of the Mental Health (Wales) Measure 2010 were completed to a good standard; however they failed to identify any unmet needs and did not have individualised plans on how the young people would like to be treated in the event of any challenging behaviour.

Generally, there was good record keeping; this included the maintaining of individual files and storage. However, as there was a historical file, a current mental health file, a physical health file and a daily comments file, it became cumbersome to navigate.

Due to the poor recording on the physical health files we could not be assured that the young people always received the appropriate care in a timely manner.

### Managing risk and health and safety

Regis Healthcare is an old community hospital which has been renovated and refurbished to provide a CAMHS service. The design and layout provides an environment with appropriate fixtures, fittings and furniture to help maintain the young person's safety.

Access to the hospital building was level entry direct from the car park which provided appropriate access for persons with mobility difficulties.

However, we were concerned about a number of areas in regards to maintaining a safe environment for the care of the young people. For example:

- On our arrival on the first night we found that the main entrance gate was open and the reception area unmanned. The nurse in charge on this night was also responsible for the security of the hospital. We were not asked to sign in to the building and we were not told what we could or could not take in to the units on our person. We suggested that a supernumerary security site lead (night co-ordinator) was identified for night shifts.
- There were a considerable number of young people on 5 min, 30 min and 60 min observations and initially we thought there were enough staff to oversee safe care. However we were told that a number of staff had been asked to stay later than the end of their shift when we arrived. Additionally we were told that when we left they were allowed to go home.
- We spoke with an agency nurse who told us that one bedroom was used as a "time out" room although other members of staff refuted this. Our concern was how this member of agency staff came to this conclusion. There needs to be an orientation and induction for all agency staff and an assurance that they understand the information.
- We were also concerned that during our inspection there was discrepancies with the location of the ligature cutters; some were kept in grab bags, some in drawers in the clinical room and others in a drawer in the nursing office with a sign "clinical equipment". This could cause a critical delay during an emergency situation. Additionally, although the clinical drawer could be locked it was open on the night visit and on the consecutive days. This drawer contained sharp objects such as ligature cutters, clothes cutters and scissors. On Brenin unit the daily security checks were only ticked, there was no time recorded. This would be significant to identify time scales if an item was missing.

On the first night of our inspection, we asked the nurse in charge to use their on-call arrangements to inform senior management that we were in attendance. The registered manager attended in a timely manner and was supportive to our requests for information.

There were nurse call points around the wards and within the young persons' bedroom so that patients or staff could summon assistance if required.

### Improvement needed

The registered manager should ensure that the main gates are locked at night and that there is adequate security personnel to oversee any night visits e.g. police, ambulance or professional visitors.

The registered manager must ensure that there are adequate staffing levels to maintain a safe environment at all times including additional staff to cover observation times.

The registered manager needs to ensure that there is an orientation and induction for all agency staff and an assurance that they understand the information.

The registered manager must ensure a consistent approach to storing and accounting for emergency equipment.

### Infection prevention and control (IPC) and decontamination

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. There was dedicated domestic staff, although the young people also have some responsibility for maintaining the cleanliness of their rooms and communal areas. There were hospital laundry facilities available so that the young people could undertake their own laundry with an appropriate level of support from staff based on individual needs.

A system of regular audit in respect of infection control was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control. When we looked at the cleaning schedules we saw that records of daily mop checks were incomplete on Brenin unit. We were also told that there was no designated washing machine for mops and cloths, therefore the domestic staff washed these by hand and dried them in the kitchen. This is not an acceptable standard.

Staff had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required. We also saw wall mounted hand hygiene dispensers through out the building. We asked why the dispenser opposite the kitchen on Brenin unit was empty and we were told that the young people tended to squeeze the liquid on to the floor which then became a hazard. We suggested they remove the dispenser altogether.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

#### Improvement needed

The registered manager needs to ensure that there is a designated washing facility for cleaning mops and cloths which is separate from the machine used for washing clothes and linen.

#### Nutrition

We found that the young people were supported in fulfilling their nutrition needs. As part of their rehabilitation care, staff supported individuals to prepare their own meals. This equipped the young people with cooking skills and additional skills in menu preparation and food shopping as part of their community focused rehabilitation activities.

We observed mealtimes and spoke with the young people regarding the portion size, choice and quality of the food. Most comments were positive with only one suggesting they would like a healthier choice.

Each young person had a treat box which could be accessed after meal time in the evening. This box contained any treats the individual wished to purchase. There was also a variety of fresh fruit and snacks available in the kitchen when we arrived.

Hot and cold drinks were available during the day but hot drinks were not available after 9 pm when the young people usually retired to their bedrooms.

We looked at the food freezer in Brenin unit kitchen and saw that it was over freezing. This would affect the temperature for storing food. Additionally there were no dates on the frozen food and bread or opening dates on the cereal storage containers. We discussed this with the senior cook and they were addressed before the completion of our inspection.

#### Medicines management

Overall we were satisfied that there was safe administration of medication.

Medication was stored securely within the clinic rooms. Medication cupboards, fridges and trolleys were locked when not in use.

The completion of Medication Administration Records (MAR Charts) in both units were of an acceptable standard. MAR charts included the young persons' legal status in reference to the Mental Health Act.

We reviewed a sample of medication charts and the clinical rooms on both units; and found all to be correct with the exception of a night check of controlled drugs which had occurred on the night of our visit. It was explained that the young person had moved from Ebbw to Brenin two days previously and prior to this there had been no controlled drugs on the unit. We checked the following morning and the check had been undertaken as required. We discussed this with the registered manager and the responsible individual and suggested that the revised Regis Healthcare medicine policy should clearly reflect how often and how many staff should check the control drugs.

Regis Healthcare uses a system for ordering medication and we saw that there was extensive stock available for emergency use. Ashtons Pharmaceuticals, (an outside company) visit weekly to oversee any medication issues and Regis Healthcare use Ashtons' audit tool to ensure safe practice.

The British National Formulary was available for staff should they need to check information on any drugs. The drug administration policy was also available to staff in both medicine rooms.

### **Safeguarding children and safeguarding vulnerable adults**

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies being made as and when required.

We reviewed staff training completion rates on Child Protection and saw on the training matrix that 82 out of 90 had completed relevant training. We questioned the registered manager and were assured that specialist training was being sourced for the remaining staff. During discussions with staff members it was evident that they were knowledgeable and competent in child safeguarding procedures.

There had been one safeguarding issue since the last inspection and this remained open to the Local Authority at the time of our inspection.

Because of our concerns regarding the volume and duration of restraints, HIW spoke with the Safeguarding team at Blaenau Gwent Local Authority. These concerns were deemed significant enough to warrant a referral to the Safeguarding team. A multi disciplinary meeting was convened which included health boards and local authorities, from both Wales and England, who were

involved in the placements of these young people. These concerns are currently under review, therefore due to the nature of safeguarding processes HIW are unable to comment further at this point but will continue to be part of the safeguarding process in relation to this referral. Additional information regarding this concern can be found under Safe and Clinically Effective Care.

There was an appropriate visitor's room for families, including children to visit.

### **Medical devices, equipment and diagnostic systems**

As discussed previously we reviewed the emergency equipment in the grab bags on both units and found that there were different process for storing and accounting for equipment such as ligature cutters, clothing cutters and scissors. There needs to be consistency on both units so that any staff responding to an emergency will know where to access the necessary tools. There were also discrepancies in accounting for individual tools such as the clothes cutters and scissors and this could be a major security issue.

We discussed this with the Security manager during the course of the inspection and by the last day there were already changes being made.

### **Safe and clinically effective care**

We could not be assured that the care delivered to the young people was always safe and effective. This is because we had concerns regarding aspects of the delivery of both mental and physical health care.

Mental health - restraint:

Where a form of control or restraint is used there must be suitable arrangements in place to protect the young people against the risk of such control or restraint being otherwise excessive.

During the inspection we spoke with staff, patients and looked at documentation, policies and procedures regarding the practice of "full" restraint (this means restraining a patient whilst on the floor, sometimes involving up to 5

members of staff). We felt that there was excessive use of this restraint technique for long periods of time, which was contrary to national guidance.<sup>1</sup>

National Institute for Health Care Excellence (NICE)

*1.4.29 Do not routinely use manual restraint for more than 10 minutes*

*1.7.14 Use restrictive interventions only if all attempts to defuse the situation have failed and the child or young person becomes aggressive or violent.*

Mental Health Act 1983 Code of Practice for Wales Review (Revised 2-16)<sup>2</sup>

*19.5 any intervention in the life of each child that is considered necessary because of their mental disorder should be the least restrictive and least stigmatising option consistent with effective care and treatment*

*23.27 Any restraint used should:*

*Be reasonable, justifiable and proportionate to the risk posed by the patient*

*Apply the minimum, justifiable level of restriction or force necessary to prevent harm to the patient or others*

*Be used for only as long as is absolutely necessary*

*Be carried out in a way that demonstrates respect for the patient's gender and cultural sensitivities.*

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<sup>1</sup> <https://www.nice.org.uk/guidance/ng10/chapter/1-Recommendations>

<sup>2</sup> Mental Health Act 1983 Code of Practice for Wales Review (Revised 2-16)

*26.20 Managing challenging behaviour by physical restraint should be carried out as a last resort, in an emergency and, if the intervention were not used, it is considered it is likely harm would occur to the patient or others.*

We looked at 3 care plans and 5 Mental Health Act documents. None had a care plan which detailed how the patient would want any challenging behaviour managed. We did not see evidence of engagement with the young persons to outline how they would like to be treated (or how best to de-escalate their behaviour) should their behaviour become challenging. Additionally, we did not see any individual risk assessments and subsequent plans for undertaking any form of restraint, especially how it should be escalated if the behaviour continues.

We also looked at a random sample of 6 individual incident tables which recorded the number of incidents resulting in restraint. These included “full” restraint. We saw that over a period of 6 months up to February 2018;

Patient 1:	48 full restraints	15 seated
Patient 2:	1 full restraint	3 seated
Patient 3:	76 full restraints	7 seated
Patient 4:	11 full restraints	15 seated
Patient 5:	71 full restraints	19 seated
Patient 6:	109 full restraints	51 seated

A further random sample of 8 records specifically on restraint and the duration of the restraint showed excessive durations (ideally no longer than 10 minutes);

Patient a:	60 minutes (30 + 30)
Patient b:	30 minutes
Patient c:	60 minutes (5 + 10 + 30 + 15)
Patient d:	30 minutes
Patient e:	100 minutes (60 + 40)
Patient f:	15 minutes
Patient g:	25 minutes

When we spoke with staff we were told that restraint was a daily occurrence due to the nature of the client group. They confirmed that they had received training in restraint. They also told us about injuries sustained from restraining patients.

We spoke with a number of patients (approximately 7) who confirmed that full floor restraint was used daily.

When we challenged the registered manager during the feedback of our findings the responsible individual told us that HIW had refused to grant a seclusion room on registration and in the absence of such a room, restraint was one option to manage behaviour. However professional advice suggests;

Mental Health Act 2015

*Seclusion can be a traumatic experience for any individual but can have particularly adverse implications for the emotional development of a child or young person.*

NICE guidance

*1.7.24 Decisions about whether to seclude a child or young person should be approved by a senior doctor and reviewed by a multidisciplinary team at the earliest opportunity.*

*1.7.26 Do not seclude a child in a locked room, including their own bedroom.*

Whilst any form of restraint should be seen as a course of action used in exceptional circumstances only, it can be a potential breach of Human Rights, Children Act, Rights of Children and Young Persons (Wales) Measure Mental Capacity Act, United Nations Convention on the Rights of the Child. We do however understand that restraint can be a risk management intervention designed to protect people from harm. However, this must be a considered and last resort decision which is fully risk assessed, documented in care plans and agreed by the young person. Further details of the non-compliance notice can be found in Annexe B.

Physical health:

When we looked at the physical health files for three individuals we found inconsistencies between all files. For instance:

- Nutritional assessment tools were used in one but not in the others

- Allergies not recorded
- Chronic diseases such as Asthma not recorded
- We saw a care plan for a head injury containing no follow up evaluations, even though the daily comments record suggested there had been four further incidents to the same wound and dressings applied.

### Improvement needed

The registered manager needs to ensure that both physical health and mental health assessments and plans are undertaken, outcomes recorded and that these plans are regularly reviewed.

### Participating in quality improvement activities

Regis Healthcare is a member of the Quality Network for Inpatient Child and Adolescent Mental Health Service network<sup>3</sup> (QNIC) which is an example of noteworthy practice. They are working towards accreditation with the network.

We also saw evidence of numerous audits which are presented at the monthly Governance and Quality meetings. These have direct implications on improvements for the care of the young people. These audits included reports on restraint, although there had been no changes made to practice.

### Records management

Although there were numerous files for each individual which made navigating information difficult, the mental health and daily communication files contained evidence of good record keeping. The physical health files were poor with some important health issues not recorded. We spoke with a general nurse who told us that care plans for physical health care were not usually in line with the care and treatment plans used in mental health. Whilst this may be correct, the standard of the physical health care plans were not acceptable.

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<sup>3</sup> The network aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against the QNIC service standards.

### Improvement needed

The registered manager must establish appropriate physical health care documentation to ensure staff complete and maintain records to a high professional standard.

### Mental Health Act Monitoring

We reviewed the statutory detention documents of four young people across the two units, Mental Health Act documentation was managed by an experienced Mental Health Act Administrator. We found there were robust systems in place for managing and auditing statutory documentation and that records were very well organised and in good order.

Copies of statutory documentation were easily accessible to review. We were able to verify that all detentions reviewed were compliant with the Act; and the 2016 Mental Health Act Code of Practice for Wales.

Medication was provided to the young people in line with Section 58 of the Act, Consent to Treatment. Consent to treatment certificates were kept with the corresponding Medication Administration Record (MAR) chart. This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, these were up-to-date and well recorded.

Staff had access to the 2016 Mental Health Code of Practice for Wales (the Code); however this was only available in English and not Welsh

### Improvement needed

Regis Healthcare must ensure there is sufficient copies of the Code in English and Welsh so that staff, the young people and relatives can review a copy as and when required.

## **Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision**

We reviewed the care plans of a total of four patients.

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Individual Care and Treatment Plans drew on the individual young person's strength and focused on recovery and independence. These were developed with members of the multi-disciplinary team.

The following positive observations were identified:

- CTPs were complete and appeared to be kept up-to-date
- Some young people had risk assessments set out which identified risks and how to mitigate and manage them
- The care and treatment plans identified the individual's care co-ordinator.

However, there was no record of unmet needs in the young peoples' CTPs. This would allow the care coordinator and Regis Healthcare to review the provision of care to reflect any required changes.

Additionally some physical health assessments (as discussed earlier) were undertaken on admission but these were not of a very good standard. They were currently being reviewed but we found an instance whereby illnesses and allergies were recorded in the mental health records but were not in the physical health records. We discussed the possibility of filing the physical and mental health records together. This would reduce duplication, ensure all information is captured and also reduce the amount of files for each young person.

### **Mental Capacity Act and Deprivation of Liberty Safeguards**

At the time of our inspection, staff confirmed that there were no young people subject to Deprivation of Liberty Safeguards (DoLS) authorisations.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

There was a dedicated and committed workforce at Regis Healthcare that worked cohesively as a multi-disciplinary team. The clinical team were supported by a professional and effective administrative team.

Staff had completed most mandatory and additional training. It was positive to note that staff received group and /or individual clinical supervision and annual appraisals were up to date.

Although there were robust audit and governance systems which measured the quality and safety of care, nothing had been identified regarding the physical and mental health concerns we have discussed.

The responsible individual was in the hospital most days and had initially been very involved in the development of the service. We observed that there was still an active, autocratic involvement which was possibly impacting on the registered manager's lines of responsibility.

## Governance and accountability framework

We found that there were generally well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. Those arrangements were recorded so that they could be reviewed.

Through conversations with staff, observing multi-disciplinary team engagement, and reviewing the young persons' records, there was evidence of strong multi-disciplinary team-working. Staff commented favourably on the multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff.

It was positive that during the inspection, most staff at Regis Healthcare were receptive to our views and recommendations. However during the feedback session the responsible individual became defensive and confrontational regarding some of our findings. At this point it was difficult to delineate who was managing the service and who was representing the organisation. Additionally staff told us that the responsible individual had questioned individuals on what had been disclosed to HIW and the content of our conversations with individuals. When the responsible individual was challenged, this point was denied. This is of concern to us and does not promote the ethos of open and transparent management.

Nevertheless as previously noted, the multidisciplinary professionals and the support teams spoke reassuringly about the support from each other. Support staff of all grades spoke highly of the Psychiatrist, Psychologist, Occupational therapists and their teams, and stated that they were a positive source of guidance and assistance.

There was group clinical supervision which allowed for staff members to reflect upon the care provided. If requested individual clinical supervision in the form of reflection could be provided.

HIW issued a non-compliance notice for two areas - the excessive use and duration of full floor restraint and not submitting notifications to HIW of serious events.

HIW does not routinely issue these notices and therefore our concerns are significant. The safety and wellbeing of the young people are our priority and our processes legally guide the redress to ensure the safe provision of care.

The service is non compliant with Regulation 16(2)(b) of the Independent Health Care (Wales) Regulations 2011 regarding safeguarding patients from abuse.

- There was excessive use of the practice of full restraint (restraining a patient whilst on the floor) for long periods of time, which was not in line with the statement of purpose and relevant policies.
- The patients care plans did not set out the most appropriate way of dealing with challenging behaviour.

The service is non compliant with Regulation 31(1)(b) of the Independent Health Care (Wales) Regulations 2011 regarding the notification of events

- There was a significant amount of under reporting of notifiable incidents to HIW and a lack of understanding from the Responsible Individual and Registered Manager of what HIW should be notified of.

Our findings were challenged by the responsible individual immediately following our inspection which resulted in HIW convening a formal provider meeting to gain reassurance that the identified improvements were clearly understood, and to explain the implication of the Regulatory non-compliance process. During the meeting it became clear that the responsible individual was knowledgeable with regard to the young people and the service provision however, the legal responsibility for the day to day running of the service is that of the registered manager. HIW made this clear during the meeting. To ensure compliance HIW have incorporated this into the improvement plan. Additionally, the responsible individual accepted that our observations during the inspection were correct and that the service needs to improve documentation in regards to restraint. We were also assured that new appropriate restraint soft furniture had been purchased to prevent the need to restrain young people on the floor.

The significance of the areas of improvement identified in the “Delivery of safe and effective care” section of this report highlights the need for improvement in audit and governance regarding care planning and the practice of restraint. It was positive however to hear that there were processes in place to ratify and implement policies to support staff in their work.

#### Improvement needed

Regis Healthcare must be clear on the roles and responsibilities of the responsible individual and registered manager.

## Dealing with concerns and managing incidents

There was a complaints policy and procedure in place. The policy provides a structure for dealing with all the young persons' complaints. At the time of the inspection, the hospital had never received any formal complaints. Staff explained that the young people were often forthcoming with their views on the service and had regular opportunity to raise any concerns with staff throughout the day or at regular meetings. Staff stated that they were open and honest with the young people and where possible any concerns were addressed quickly which they felt prevented formal complaints being raised.

The young people we spoke with were complimentary about the service that they received and the hospital and confirmed that they did not have reason to make formal complaints about the service.

There was an established process in place for reporting and reviewing incidents, including referral to external statutory organisations as required, although there were significant discrepancies in the number of incidents that had been submitted to HIW under the requirements of Regulation 31. We reviewed a sample of incident records which documented the detail of the incident including the persons involved. The incident records stated the actions taken and lessons learnt but had not been submitted to HIW. Due to the number of incidents that had not been submitted a non-compliance notice was issued regarding this issue.

We were told that the registered provider monitored incidents through its Health and Safety / Governance team which met monthly.

## Workforce planning, training and organisational development

We reviewed the staffing establishment at Regis Healthcare against that stated within their Statement of Purpose. It was positive to note that the multi-disciplinary team was well established and the records we reviewed and through conversations with staff it evidenced collaborative multi-disciplinary team working. However we saw that there were some registered nurse (mental health) vacancies. It was evident that the registered provider was attempting to recruit to these vacancies to reflect their workforce as described in their Statement of Purpose.

There was a high reliance upon agency staff but there was an attempt to source regular agency workers from an organisation that specialised in Child and Adolescent Mental Health services (CAMHS). Therefore, although not permanently employed by Regis Healthcare there was a consistent workforce which gave some measure of reliability to the provision of the service.

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that completion rates were high. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the courses completion rates and individual staff compliance details. There was a Human Resources (HR) assistant who oversaw the training of staff. The training of staff appeared to be well managed.

We discussed the Conditions of Registration for the registered manager which dictates:

*Condition 5*

*You must complete a Child and Adolescent Mental Health Service (CAMHS) related qualification within 18 months of the start of your registration.*

This was dated 28 June 2017 which means that the registered manager must complete the qualification by 28 December 2018.

Regis Healthcare is recognised by the University of South Wales, School of Health and Social Science and as such student nurses have the opportunity to gain practical experience at the hospital. This is another example of noteworthy practice.

### **Workforce recruitment and employment practices**

Staff explained the recruitment processes that were in place. It was evident that there were systems in place to ensure that recruitment generally followed an open and fair process; with records of application, interviews and communication held on each file. However, some staff told us that they had been moved from the domiciliary care team (a sister organisation) to work at the hospital when Brenin unit had opened. We did not see a change in contracts or evidence of any recruitment process even though these are separate organisations.

Prior to employment staff references were received, professional qualifications checked and Disclosure and Baring Service (DBS) checks were undertaken.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made

in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

## 5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>We found the food freezer in the kitchen on Brenin was over freezing and this would impact on the ability to store food safely.</p>	<p>This meant patients may receive food that had not been stored according to manufacturers advice.</p>	<p>We raised this concern with catering staff during the inspection and requested this was resolved..</p>	<p>Catering staff defrosted the freezer immediately.</p>
<p>We found that staff on Brenin were closing the window blind in the office to prevent unauthorised observation of the patient at a glance board.</p>	<p>This meant that staff could not observe young people in the corridor area of the unit and maintain a safe environment.</p>	<p>We raised the issue with the security manager during the inspection and requested that this was resolved.</p>	<p>The security manager arranged for the blind to be removed and for covers to be placed over the patient at a glance board inside the office.</p>

## Appendix B – Improvement plan

**Service:** Regis Healthcare  
**Ward/unit(s):** Brenin and Ebbw  
**Date of inspection:** 13,14 and 15 March 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The registered manager needs to ensure that the furniture and mattresses are clean and suitable for use.	10. Dignity and respect	Mattresses will be disinfected with detergent thoroughly. Mattress must be rinsed with cold water and dried thoroughly as part of the cleaning rota  The mattress that was noticed during inspection was removed at the time of inspection and replaced with a new one.	Registered Manager  Unit manager and the Care Team	Completed
The registered manager should consider having main signage and documentation available in	18. Communicatin g effectively	Main signage and documentation will be available in Welsh	Registered manager	To be completed by 31st June

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Welsh.		Will involve Young people in the creation of the signage during art group		2017
The registered manager must ensure that physical health care plans are organised and contain the relevant information.	8. Care planning and provision	All Physical health files have been decommissioned and all Physical Health information is now contained in section 16 of the patient's main folder	Unit managers Registered Managers	Completed
<p>The registered manager should allow adequate time scales for young people to prepare for meetings based on individual needs rather than a blanket notice timescale</p> <p>The registered manager needs to audit and organise the physical health files and ensure that important health information is captured on initial assessment</p>	2. Equality, diversity and human rights	<p>The advocacy cover is provided by the local authority due to young people being detained and this being a legal requirement. Regis are limited in terms of being able to engage IMHA cover but will address this to the company that provides cover to the hospital.</p> <p>Audit of physical health information will be completed and will incorporate the Physical Health Check (PHC) Tool.</p> <p>Baseline physical assessments will be defined in timeframes so that Health needs can be met in a timely manner</p>	<p>Registered manager to liaise with IMHA organisation</p> <p>Unit managers Primary nurses Ward doctor Registered Managers</p>	<p>Ongoing to be completed by 31st May 2018</p> <p>Ongoing to be completed by 31st May 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager needs to ensure that there are sufficient staff trained in the use of the gym facilities out of core hours.		Gym instructor will carry induction for patients and develop an Individual training Plan this will be signed off by the RC. Allocated can use this to support young people	Gym Qualified Instructor Responsible Clinician/Ward Doctor	Ongoing to be completed by 30th June 2018
<b>Delivery of safe and effective care</b>				
<p><b>Non-compliance notice:</b></p> <p><b>The service is non compliant with Regulation 16(2)(b) of the Independent Health Care (Wales) Regulations 2011 regarding safeguarding patients from abuse. This is because:</b></p> <ul style="list-style-type: none"> <li>There was excessive use of the practice of full restraint (restraining a patient whilst on the floor) for long periods of time, which was not in line with the statement of purpose and relevant policies.</li> </ul>	22. Managing risk and health and safety	<p>Audit of baseline floor restraint</p> <p>The Hospital has started Weekly Incident review meetings at an operational level. To track incidents and advise Clinical Team of alternative suggestions outside of the usual clinical</p>	MDT  Registered Manager	<p>To be completed by End June 2018</p> <p>6 month restraint reduction plan in place, which began</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>The patients care plans did not set out the most appropriate way of dealing with challenging behaviour.</li> </ul>		<p>weekly reviews which the MDT have</p> <p>The Registered manager and the MDT have visited Bluebird MSU&amp;LSU CAMHs to share practice and learn best Practice around physical restraint in order to work to do this, they did this on 08.05.18</p> <p>The registered manager and MDT attended NHS Wales “sharing Best Practice” forum 10.05.18 where it identified several ways in which it can engage young people better with the process of incidents.</p> <p>The team have been monitoring incidents daily in handover, as well as weekly at the focused incident meeting. The ‘safety pods’ were also purchased following HIW’s initial visit with a view to reducing time and floor restraints.</p> <p>There were risk management plans in place at the time of the HIW inspection however, these have now been adapted to include ‘advanced wishes’ plans with</p>	<p>MDT and Registered Manager</p>	<p>in April.</p> <p>MDT and Registered Manager</p> <p>23/24th May 2018</p>



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><b>The service is non compliant with Regulation 31(1)(b) of the Independent Health Care (Wales) Regulations 2011 regarding the notification of events.</b></p> <ul style="list-style-type: none"> <li>There was a significant amount of under reporting of notifiable incidents to HIW and a lack of understanding from the Responsible Individual and Registered Manager of what HIW should be notified of.</li> </ul> <p>The registered manager should ensure that the main gates are locked at night and that there is adequate security personnel to oversee any night visits e.g. police, ambulance or professional visitors.</p>	<p>22. Managing risk and health and safety</p> <p>12. Environment</p> <p>4. Emergency Planning Arrangements</p>	<p>plans where necessary</p> <p>Notifiable incidents will be reported via the HIW notifiable incident reporting Portal.</p> <p>The Registered manager will notify all incidents in Line with Regulatory Requirements and await the new guidance as described by HIW</p> <p>All gates are locked at night and Reception cover is available until end of day shift (8PM). During the night, this becomes the responsibility of the security lead which is usually a Team leader of each ward as there are no</p>	<p>Registered Manager</p> <p>Registered Manager</p> <p>Registered Manager</p>	<p>Completed</p> <p>Completed</p> <p>Completed and Ongoing</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered manager must ensure that there are adequate staffing levels to maintain a safe environment at all times including additional staff to cover observation times.</p> <p>The registered manager needs to ensure that there is an orientation and induction for all agency staff and an assurance that they understand the information.</p> <p>The registered manager must ensure a consistent approach to storing and accounting for emergency equipment.</p>		<p>visits out of these hours, only emergency responses</p> <p>Staffing levels are in line with Core Matrix Numbers and Additional staff in line with observation levels is always maintained.</p> <p>All Agency staff are inducted on the Ward. We have been revisited the induction following the inspection</p> <p>Emergency Checklist now in line with Ashtons Pharmacy and Regis Healthcare Policy across the whole service</p>	<p>Registered Manager Unit managers responsible for the Rota</p> <p>Registered Managers HR</p> <p>Registered Managers and Clinical Lead</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>The registered manager needs to ensure that there is a designated washing facility for cleaning mops and cloths which is separate</p>	<p>13. Infection prevention and control (IPC) and</p>	<p>A separate washing machine for Mops now available</p>	<p>Registered Manager</p>	<p>Completed 18.05.18</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
from the machine used for washing clothes and linen.	decontamination			
The registered manager needs to ensure that both physical health and mental health assessments and plans are undertaken, outcomes recorded and that these plans are regularly reviewed.	7. Safe and clinically effective care	<p>Care review meetings take place with involvement of all MDT. The current Risk Management Plans will be adapted to the 'My Challenging Behaviour Care Plan' inline with Policy. This will incorporate advance wishes. Outcomes of met and unmet needs are now clearly captured and inform the new care plan in the review period</p> <p>Physical health assessments are now based on the Physical Health Check (PHC) Tool which is designed to help people affected by mental illness identify (in conjunction with a health professional) any physical health needs they might have. The Action Plan at the end of the PHC offers the opportunity to address any identified needs.</p>		Completed
The registered manager must establish appropriate physical health care documentation to ensure staff complete and maintain records to	20. Records management	Physical health assessments are now based on the Physical Health Check (PHC) Tool which is designed to help	Unit managers and all primary nurses	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
a high professional standard.		people affected by mental illness identify (in conjunction with a health professional) any physical health needs they might have. The Action Plan at the end of the PHC offers the opportunity to address any identified needs. There has also been a change of RGN within the service.		
<b>Quality of management and leadership</b>				
Regis Healthcare must be clear on the roles and responsibilities of the responsible individual and registered manager.	Governance and Accountability framework	The registered manager now has adequate support from her management team that the RI no longer needs to deputise in her absence, this will improve clarity of role.	Responsible Individual and Registered Managers	Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Margaret Jones**

**Job role: Registered Manager**

**Date: 15th May 2018**