

Independent Mental Health

Service Inspection (Unannounced)

Priory Healthcare

Ty Cwm Rhondda

Cillad and Clydwch

Inspection date: 5 - 7 November 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 Ty Cwm Rhondda on the evening of 5 November 2018 and following days of 6 and 7 November. The following sites and wards were visited during this inspection:

- Cilliad - Low Secure
- Clydwch - Low Secure

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

Overall, we found evidence that the service provided safe and effective care. There was a focus on reducing restrictive practices to aid recovery and supporting patients to maintain and develop skills.

Significant improvements are required in the registered provider's fulfilment of statutory responsibilities of the Mental Health Act.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Focused on reducing restrictive practices to aid recovery and supporting patients to maintain and develop skills
- Established clinical arrangements to support safe and clinically effective care
- Open and honest leadership with a collaborative workforce
- High compliance in mandatory training, supervision and appraisals

This is what we recommend the service could improve:

- Fulfilment of its statutory responsibilities of the Mental Health Act
- Patients' Care and Treatment Plans to ensure that they all contain SMART objectives¹
- The environment of care (as already identified in the provider's refurbishment programme)

¹ An objective is a statement which describes what an individual, team or organisation is hoping to achieve. Objectives are 'SMART' if they are specific, measurable, achievable, realistic and, timely (or time-bound).

We identified regulatory breaches during this inspection regarding the fulfilment of statutory responsibilities of the Mental Health Act. Further details can be found in Appendix B. Whilst this has 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

TY Cwm Rhondda is registered to provide an independent low secure mental health hospital for males at Tyntyla Ave, Ystrad, Tonypany, Pentre CF41 7SU. The hospital comprises of two 10 bed wards: Cilliad and Clydwch. The service was first registered on October 2007.

The service employs a staff team which includes Hospital Director, a team of registered mental health nurses and healthcare support workers, a practice nurse, occupational therapist and occupational therapy assistants, psychologist, social worker and a psychiatrist.

The operation of the hospital is supported by a team of administration staff, catering staff, domestic staff and a maintenance person.

The hospital is supported by the management and organisational structures of The Priory Group.

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.

We observed that staff throughout the hospital interacted and engaged with patients appropriately and treated patients with dignity and respect.

The hospital provided patients with health promotion, protection and improvement opportunities that were supported by a good range of hospital facilities and within the local community.

The registered provider must ensure that the full range of information is available to patients on both wards.

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at Ty Cwm Rhondda which assisted in maintaining and improving patients' wellbeing.

There was a practice nurse role at Ty Cwm Rhondda which was undertaken by a staff member who was a registered general nurse. Patients were registered with a GP practice in the local community. Patients were also able to access dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

The hospital had a full time occupational therapist and two occupational therapy assistants. Each patient admitted to the hospital was assessed by an occupational therapist. Following the assessment, patients were provided with an individual timetable that included various therapeutic activities, including hearing voices group and drug and alcohol awareness. The individual patient activity timetables linked with the hospital facilities timetables and these were reviewed and subsequently updated every 12 weeks.

There was a range of well maintained facilities to support the provision of therapies and activities; this included a social area known as the Piazza with a pool table and patient shop, along with a computer room, art room, an

occupational therapy kitchen and a woodwork/maintenance room. There was also a hospital gym, however the flooring required replacing due to being uneven and worn. The registered provider confirmed that this was scheduled to be replaced within the next few months.

Patients, with required authorisation, accessed a wide range of community facilities for leisure and education as part of their care at the hospital. Patients' records evidenced that patients were being supported to undertake education courses at the local college and voluntary work placements as part of their rehabilitative care.

The patients and staff we spoke with were positive about the activity and therapy arrangements and felt that the hospital was able to facilitate a wide range of activities for the patients.

Dignity and respect

Throughout the hospital, all the staff we observed interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. On the whole the patients we spoke to were very complimentary about the staff at the hospital.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. When patients approached staff members they were met with polite and responsive caring attitudes.

There was clear evidence of staff practices and policies aimed at Reducing Restrictive Practices (RRP). This contributed to maintaining patients' dignity and enhancing individualised patient care. There were regular organisational RRP meetings which provided the opportunity to review and discuss practices that would minimise the restrictions on patients based on research and risks.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. Patients' bedrooms had en-suite facilities consisting of a toilet, sink and a shower. We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms. Any

items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely and orderly on each of the wards and patients could request access to them when needed.

Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. It was positive to note that viewing panels were in the closed position and opened to undertake observations and then returned to the closed position. This helped maintain patients' privacy and dignity.

However, we identified that some patients had placed a towel over the top of the outside of their door to restrict the ward corridor lights entering the rooms through the observation panels during the night and disrupting their sleep. This could hinder staff undertaking patient observations if the towel was also covering the observation panel on the inside of the room. The registered provider needs to ensure that patients are not disturbed by the corridor lights without restricting the view through the observation panels.

There were suitable arrangements for telephone access on each of the wards so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their mobile phone when on leave from the hospital. Patients signed a mobile phone contract with the registered provider to agree to terms of use to confirm that the mobile phone would not be misused and allow staff to monitor mobile phone use and content.

Improvement needed

The registered provider must ensure that patients do not restrict the view through the observation panels.

Patient information and consent

There was a range of information available within the hospital. Notice boards on the wards provided detailed and relevant information for patients. There was information available in the reception area for relatives and other visitors to the hospital. However, the contact details for HIW within the patient information were out-of-date.

There was a greater range of information displayed on Cilliad than Clydwch; this means there was less information readily available for patients on Clydwch.

Improvement needed

The registered provider must ensure that information for patients and visitors is up-to-date.

The registered provider must ensure that the full range of information is displayed on both wards.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

Both wards had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were also included in some meetings.

We observed, and patients' records documented, individual patient's involvement in their care planning and review.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by reducing restrictive practices, both in care planning and ward or hospital practices.

Each patient had their own individual weekly activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

As detailed above, the activities were varied and focused on recovery, either at the hospital or in the community. Individual patient activity participation was monitored and audited. There was regular audit of activity participation which would feed into quarterly activity planning.

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that patients' equality, diversity and rights were maintained.

Mental Health Act detention papers had been completed correctly to detain patients at the hospital. However, the registered provider must implement improvements to the application of the Act (at Ty Cwm Rhondda and other Priory Group hospitals) to fulfil its statutory duties under the Act and as set out in the Mental Health Act Code of Practice for Wales 2016. These are detailed later in the report.

Citizen engagement and feedback

There were regular patient meetings to allow for patients to provide feedback on the provision of care at the hospital. The hospital also undertook patient surveys which enabled the service to develop using the feedback provided.

There was a complaints policy and procedure in place at the hospital. The policy provides a structure for dealing with all patients' complaints for services within Ty Cwm Rhondda. We reviewed a sample of complaints which evidenced that these were dealt with inline with the registered provider's policy.

Delivery of safe and effective care

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

A refurbishment programme had commenced at the hospital. The hospital was well maintained which upheld the safety of patients, staff and visitors.

There were established clinical governance arrangements at the hospital which supported staff to provide safe and clinically effective care.

Improvements are required in the fulfilment of the registered provider's statutory responsibilities under the Act and to ensure that practice follows the guidance set out in the Code.

Managing risk and health and safety

Ty Cwm Rhondda had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care that was supported by reducing restrictive practices, both in care planning and hospital or ward practices.

The hospital had a list of prohibited items and there were secure lockers available to store any items that cannot be taken further than the hospital reception, i.e. mobile phones, lighters, flammable liquids, etc.

There were nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required. Staff wore personal alarms which they could use to call for assistance if required. There was a system for alarms to be allocated to staff and visitors.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. It was positive to note refurbishment programme of the hospital had commenced. Staff were able to report environmental issues to the dedicated hospital maintenance person who maintained a log of issues, work required when work had been completed.

As part of the refurbishment programme ward furniture was being replaced. There were up-to-date ligature point risk assessments in place. These identified

potential ligature points and what action had been taken to remove or manage these. However, whilst the registered provider had identified a number of ligature points and committed to addressing these, the maintenance works were not scheduled to be completed until December 2020. We feel this is an unacceptable timeframe and the registered provider must prioritise removing the specific ligature points discussed during our inspection feedback.

The registered provider undertook regular fire safety audits and drills. One fire door on Clydwch required attention to ensure it could be opened easily. This had been identified by the registered provider and was awaiting completion.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of the patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented, including who was involved and the body positions of each person involved in the restraint.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner by a member of the clinical team involved in the individual patient's care and an employee responsible for hospital health and safety.

Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed. Additional reports could be produced to look at specific areas as required. The incident reporting system and reporting schedules ensured that incidents were recorded, reviewed and monitored to assist in the provision of safe care at Ty Cwm Rhondda.

Improvement needed

The registered provider must provide a revised timescales for the anti-ligature work identified.

The registered provider must confirm that the required work has been completed on the Clydwch fire door.

Infection prevention and control (IPC) and decontamination

There were established systems of regular audit in respect of infection control in place. 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 that they were aware of their responsibilities around infection prevention and control.

Hand hygiene products were available in relevant areas. However, the hand sanitizer dispenser within the Cilliad clinic room needed to be repaired or replaced because staff were unable to refill it. Staff also had access to Personal Protection Equipment (PPE) when required.

However, there was no examination couch within the hospital, therefore if patients were required to lie down to be examined this would need to take place within the patient's bedroom. There is a potential infection control risk to undertaking examinations within bedrooms as opposed to an appropriately furnished clinic that is subject to routine cleaning.

Cleaning equipment was stored and organised appropriately. The registered provider employs dedicated housekeeping staff for Ty Cwm Rhondda. The communal bathroom, showers and toilets were clean, tidy and clutter free. There was access to hand washing and drying facilities in all ward-kitchen and bathing areas. Laundry facilities were well maintained; laundry rooms and linen cupboards were well organised across the wards.

The training statistics provided by the registered provider evidenced that 82% of staff were up to date with their infection control training. Whilst some staff who were not up to date had been assigned to a course, this was not the case for all.

Improvement needed

The registered provider must ensure that the Cilliad clinic is equipped with a functioning hand sanitizer.

The registered provider should consider installing an examination couch.

The registered provider must ensure that all staff complete their infection control training.

Nutrition

We found that patients were provided with a choice of meals. We saw that the menu was varied and patients told us that they had a choice of what to eat. The menus also varied seasonally through the year.

As well as the meals provided, patients were able to use the occupational therapy kitchen to prepare their own meals and order take-away deliveries to the hospital.

Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religious requirements.

Patients we spoke with were complimentary about the meals provided at the hospital. Patients also stated that when they had raised concerns previously that they were listened to and addressed.

Fresh fruit was available on each of the wards and patients were able to purchase snacks from the hospital shop or during community leave. Each patient had a lockable cupboard to store their food in.

Patients were also able to make themselves hot or cold drinks.

Medicines management

Overall, medicines management on the wards was safe and effective. Medication was stored securely with cupboards with medication fridges locked and medication trolleys secured. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse; these were accurately accounted for and checked daily.

The Medical Administration Record (MAR) charts reviewed contained the patients name, photograph of the patient and their Mental Health Act legal status. MAR charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. Copies of Consent to Treatment Certificates to authorise medication prescribed (for mental disorder) under the Mental Health Act were kept with the corresponding MAR chart.

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

as and when required. The hospital social worker took the lead on safeguarding processes, and child contact/visiting arrangements.

Both wards had visitor rooms, which were accessed by visitors from an alternative door so that they did not enter directly on to the ward; patients would access the room from the ward.

Child visiting arrangements were in place at the hospital. There was a dedicated room from the hospital reception which meant that child visitors did not enter passed the hospital reception. However, the child visiting room was small and lacked decoration and furnishings to make it welcoming for child visitors.

The training statistics provided by the registered provider evidenced that 95% of staff were up to date with their child and adult safeguarding e-learning training.

Improvement needed

The registered provider should consider improvements to the child visiting facilities.

Medical devices, equipment and diagnostic systems

There were regular audits at the hospital and staff had documented when these had occurred to ensure that the equipment was present and in date.

There were ligature cutters located throughout the hospital in case of an emergency. However, on Cilliad a staff member struggled to retrieve a set of ligature cutters from the ward's emergency grab bag in a timely manner as they were not clear where within the bag they were located.

Improvement needed

The registered provider must ensure that staff are able to locate emergency equipment, such as ligature cutters, in a timely manner.

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

Clinical governance arrangements for the hospital fed through to The Priory Group governance arrangements which facilitated a two way process of monitoring and learning.

Records management

Patient records were electronic that were password protected to prevent unauthorised access and breaches in confidentiality.

We reviewed a sample of patient records across the wards. It was evident that staff from across the multi-disciplinary team were mostly writing detailed and regular entries which provided a live document for each patient and their care.

Mental Health Act Monitoring

We reviewed the statutory detention documents of eight patients across both wards, Clydwch and Cilliad. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act (the Act) at Ty Cwm Rhondda.

The eight sets of statutory documentation verified that the patients were legally detained at Ty Cwm Rhondda. However, during our scrutiny of patient detention files and the review of processes regarding statutory responsibilities under the Act and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 (the Code) we saw significant omissions in practice.

We identified that fundamental areas of the Act were not being completed at Ty Cwm Rhondda and some repeat of findings from another Priory Healthcare inspection at Ty Catrin. These included:

- The need to provide patients with copies of their detention papers, paragraph 4.14
- One set of detention papers had not been scrutinised for accuracy or completeness, paragraphs 35.12 - 35.13
- No record that a copy of the statutory renewal report is given to the patient, paragraph 32.4
- Information for patients' nearest relative, paragraphs 4.36 - 4.40
- No record of capacity to consent to treatment evidenced, paragraph 24.34
- Record of patients being provided with information on their rights with regards to medication, paragraph 24.37

- Old certificates under Section 58 that no longer authorise treatment were not marked as cancelled, paragraph 25.87
- Records of the statutory consultees' consultations with the Second Opinion Appointed Doctor (SOAD) were not always available, paragraph 25.62
- No record that the patient's responsible clinician has communicated the result of the SOAD visit to the patient, paragraph 25.69

The template developed for the use of Section 62 urgent treatment deviated from the Act, it included additional criteria for use. This must be reviewed to ensure that the wording used reflects the Act. In addition, two expired Section 62 urgent treatment forms were also found with the corresponding MAR charts that had not been marked as cancelled. This could mislead staff in to administering medication that was no longer authorised.

We identified a potential conflict of interest with the make-up of Hospital Manager Hearing panel members. We explained the specific case to the hospital director to review following our inspection and take appropriate action.

Improvement needed

The registered provider is required to ensure that there are sufficient staff resources with appropriate knowledge to fulfil the registered provider's statutory responsibilities of the Act and that practice follows the guidance set out in the Code.

The registered provider must confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored.

The registered provider must ensure the template for the use of Section 62 urgent treatment reflects the wording of the Act and the Code.

The registered provider must ensure that there is an appropriate system in place to prevent any conflict of interest of Hospital Manager Hearing panel members.

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

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

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Overall individual

Care and Treatment Plans (CTPs) drew on patient's strengths and focused on recovery, rehabilitation and independence. However, some CTPs lacked specific target dates and who was the individual responsible for the particular objective.

To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

Each patient had Positive Behaviour Support (PBS) plan, the two we reviewed on Clydwch ward were completed to a very good standard. However, during our review of care documentation it was not clear where to find PBS plans within each patient's records, therefore we were reliant on staff finding the PBS plans.

On the whole entries on to the electronic patient records by staff were of a good professional standard; however some entries lacked detail, particularly around patient's mental state, such as 'appears low in mood' or 'remains unsettled'. More detailed entries explaining the reasons behind the patient's mental state and interventions attempted would assist multi-disciplinary team care review and planning.

Improvement needed

The registered provider must ensure that patients' CTPs contain SMART objectives and identify specific target dates and who is the individual responsible for the particular objective.

The registered provider must ensure that clinical entries are detailed, particularly in reference to patients' mental state.

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.

We saw good management and leadership at Ty Cwm Rhondda which was supported by The Priory Group. We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Mandatory training, supervision and annual appraisal completion rates were generally high. Staff were able to access additional course to further their personal development.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior and regularly during employment.

Governance and accountability framework

Overall there were 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. Those arrangements were recorded so that they could be reviewed.

However, as detailed earlier in the report, significant improvement is required to ensure that the registered provider fulfils its statutory responsibilities of the Act and that practice follows the guidance set out in the Code.

Since our previous inspection, there had been a number of changes to the management of Ty Cwm Rhondda. A new Hospital Director had been appointed a few months prior to our inspection and new appointments to some multi-disciplinary team members.

It was positive that despite a number of changes at Ty Cwm Rhondda, through our conversations with staff, observing multi-disciplinary team meetings and engagement, and reviewing patient records there was evidence of strong multi-disciplinary team-working. Staff commented favourably on the development of the multi-disciplinary team stating that they felt that their views were listened to and respected by other members of staff.

Each discipline had a head of department who provided leadership for their team and linked in collaboratively with other heads of department within The Priory Group.

Staff spoke positively about the leadership and support provided by the newly appointed hospital director and support from colleagues across the disciplines. We found that staff were committed to providing patient care to a high standard.

It was positive that, throughout the inspection, the staff at Ty Cwm Rhondda were receptive to our views, findings and recommendations.

Dealing with concerns and managing incidents

As detailed earlier in the report, there were established processes in place for dealing with concerns and managing incidents at the hospital.

It was evident that the registered provider monitored concerns and incidents locally at Ty Cwm Rhondda and corporately through regular reporting mechanisms.

Workforce planning, training and organisational development

We reviewed the staffing establishment at Ty Cwm Rhondda; there were no registered nurses vacancies and only three healthcare support worker vacancies which the registered provider was recruiting to.

To cover any shortfalls in fulfilling the staffing rota that may occur due to vacancies or sickness, the registered provider had a staff bank system in place; this assisted with the continuity of care for patients.

We reviewed the mandatory training, supervision and annual appraisal statistics for staff at the hospital and found that completion rates were very high or 100%. It was positive to note that staff were accessing additional training that was relevant to their job roles.

Workforce recruitment and employment practices

Staff explained the recruitment processes that were in place at Ty Cwm Rhondda. It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked.

All staff received an induction prior to commencing work on the wards at the hospital. Permanent staff files held certificate of induction following the completion of their corporate induction.

DBS checks were completed after each three year period of employment and systems were in place to monitor professional registrations are up to date.

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, measurable, 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
A ligature point identified in one communal area	Risk to patient safety	Notified senior manager at Ty Cwm Rhondda	Ligature point removed during our inspection

Appendix B – Improvement plan

Service: Ty Cwm Rhondda
Ward/unit(s): Cilliad and Clydwch
Date of inspection: 5 – 7 November 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
Quality of the patient experience				
The registered provider must ensure that patients do not restrict the view through the observation panels.	10. Dignity and respect	<p>Community meetings held on both ward's to ensure that patients were aware not to restrict the view through the observation panels.</p> <p>We then took into consideration patient feedback regarding the corridor lights. These were reported to cause disturbance for lighter sleepers.</p> <p>Occupational Therapy are now in process of making fabric covers that can be attached with Velcro.</p>	<p>Kayleigh Brookes / Jamie Green</p> <p>Juliette Merrett</p>	<p>Completed w/c 12/01/19</p> <p>31.01.19</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Observations can continue to be maintained with minimal disruption to the patients when the lights are activated.		
The registered provider must ensure that information for patients and visitors is up-to-date.	9. Patient information and consent	<p>Patient information was updated to display the updated address for HIW</p> <p>On reflection of feedback the service is currently in the process of reviewing all information that is available to both visitors and patients. This is inclusive of the patients guide, relative/carer booklet and review of admission packs.</p>	<p>Kayleigh Brookes / Jamie Green</p> <p>Kayleigh Brookes Rhiannon Ham Hayley Grundy</p>	<p>16/11/18</p> <p>31/03/2018</p>
The registered provider must ensure that the full range of information is displayed on both wards.	9. Patient information and consent	<p>Patient boards have been updated throughout the wards.</p> <p>Boards have been made more specific to accurately convey meeting dates, upcoming sessions and other important news.</p>	Kayleigh Brookes / Jamie Green	Completed 16/11/18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must provide a revised timescales for the anti-ligature work identified.	22. Managing risk and health and safety 12. Environment	Site visit conducted on 06.12.18 by Priory Estates. Work set to commence early 2019. Waiting for confirmation email of dates. Please see emails uploaded regarding confirmation of visit, work request and follow up for dates.	Rhiannon Ham/ Priory estates	Estates follow up completed 6.12.18 Completion of works by 09.19
The registered provider must confirm that the required work has been completed on the Clydwch fire door.	22. Managing risk and health and safety 12. Environment	Issue was in relation to the mechanism on the door. This has been serviced and now fully functioning.	Ian Hickman	Completed 18.10.18
The registered provider must ensure that the Cilliad clinic is equipped with a functioning hand sanitizer.	13. Infection prevention and control (IPC) and decontamination	Maintenance officer replaced faulty unit Staff reminded to report any breakages in the maintenance log in a timely manner. Liquid sanitizer bottlers are also available for staff to use should a	Ian Hickman	08.11.18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider should consider installing an examination couch.	13. Infection prevention and control (IPC) and decontamination	<p>dispenser break.</p> <p>Practice nurse clinic has been requested and revisited with estates. Site visit was conducted on 6.12.18 where it has been agreed to refurbish the piazza area to include a practice nurse clinic and relaxation room.</p> <p>Email received confirming proposal for planned works at Ty Cwm Rhondda awaiting confirmation schedule.</p>	Rhiannon Ham/ Priory estates	09.19
The registered provider must ensure that all staff complete their infection control training.	13. Infection prevention and control (IPC) and decontamination	<p>All staff have been allocated infection control via the academy</p> <p>Two staff members are required to complete refresher module. Request has been made for completion by end of January 2019</p>	Mandy Ferguson Rhiannon Ham	8.11.18 31.01.19
The registered provider should consider improvements to the child visiting facilities.	11. Safeguarding children and safeguarding	<p>Patient belongings have since been removed and furniture replaced.</p> <p>Maintenance officer to update the</p>	Rhiannon Ham	Completed 26.11.18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	vulnerable adults	<p>décor and build a bench seat to maximise seating arrangements and storage space.</p> <p>There is no other appropriate room on site for visiting to take place for children. Therefore, efforts are being made to maximise the space that is available.</p>	Ian Hickman	31.01.19
The registered provider must ensure that staff are able to locate emergency equipment, such as ligature cutters, in a timely manner.	16. Medical devices, equipment and diagnostic systems	<p>All staff are aware of the location of emergency equipment.</p> <p>This highlighted support that a particular staff member required.</p> <p>Ligature cutters are clearly displayed on the health and safety boards in both wards and the reception areas.</p>	Rhiannon Ham Kayleigh Brookes	30.11.18
The registered provider is required to ensure that there are sufficient staff resources with appropriate knowledge to fulfil the registered provider's statutory responsibilities of the Act and that practice follows the guidance set out in the Code.	Mental Health Act Monitoring	Training has been requested for staff nurses with regards to scrutiny of Mental Health act paperwork.	Rhiannon Ham	06.19

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored.	Mental Health Act Monitoring	<p>Provider has reviewed feedback to ensure that all highlighted areas of the code are adhered to.</p> <p>Mental Health Act administrator will ensure accurate documentation of when documentation is given to patients, when information is given to patients or carer's.</p> <p>Mental Health Act administrator will ensure that all legal documents are uploaded onto care notes system.</p> <p>Responsible Clinician will ensure that all discussions are documented in relation to SOAD decisions.</p>	Rhiannon Ham	19.11.18
The registered provider must ensure the template for the use of Section 62 urgent treatment reflects the wording of the Act and the Code.	Mental Health Act Monitoring	Following feedback Section 62 document was updated with immediate effect.	John Harris	Complete 09.11.18
The registered provider must ensure that there is an appropriate system in place to prevent any	Mental Health Act Monitoring	The service was not aware of the issue in relation to panel members at	John Harris	Complete 09.11.18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
conflict of interest of Hospital Manager Hearing panel members.		time of inspection. This has now been rectified and moving forward panel composition will be considered.		
The registered provider must ensure that patients' CTPs contain SMART objectives and identify specific target dates and who is the individual responsible for the particular objective.	Monitoring the Mental Health (Wales) Measure 2010	Review has been undertaken with regards to specific target dates. Primary Nurses moving forward will ensure that short and long term goals are reviewed specifically in relation to current CTP goals. There is a document in situ currently where long and short term goals are reviewed and discussed at ICR with the patient. This is also indicates who is responsible within the team to monitor each objective.	Neetha Byrappa Kayleigh Brookes / Jamie Green Neetha Byrappa	02.01.19 Ongoing monthly review 02.01.19
The registered provider must ensure that clinical entries are detailed, particularly in reference to patients' mental state.	Monitoring the Mental Health (Wales) Measure 2010	Support and guidance around clinical entries has been disseminated amongst the team. On review of the action plan it was agreed that all disciplines would elaborate on "settled". They would	Rhiannon Ham Neetha Byrappa	02.01.19 02.01.19

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>also ensure that engagement was clearly reflected in addition to observational statements.</p> <p>Documentation quality walk round completed by Ward Managers and Charge nurses will be tailored to specifically focus on this for Ty Cwm Rhondda.</p>	<p>Kayleigh Brookes / Jamie Green</p>	<p>02.01.19</p>

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): Rhiannon Ham

Job role: Hospital Director

Date: 10 January 2019