

**Aderyn  
Penperlleni  
Pontypool  
NP4 0AH**

**Inspection Report 2010-2011**

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Inspection Date:	Inspection Manager:
17 February 2011	Mr John Powell

## Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

**[www.hiw.org.uk](http://www.hiw.org.uk)**

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

## Background and Main Findings

An unannounced inspection was undertaken to Aderyn on 17 February 2011 by an inspection manager, one independent healthcare reviewer and one Mental Health Act reviewer. The hospital was first registered in 2001 to provide a brain injury service; however, since 20 October 2006 the registration had been varied to provide 19 beds for male patients aged 18 years and upward in need of psychiatric rehabilitation. Additional conditions of registration specify that the patients must have a mental disorder and maybe liable to be detained under the Mental Health Act 1983. Aderyn is also registered to provide a day service to a maximum of two

patients as part of their rehabilitation programme and preparation for discharge. The hospital is owned by Partnerships in Care and functions as an outlying ward of Llanarth Court Hospital, near Abergavenny.

As part of the inspection process the registered provider submitted a comprehensively completed self assessment form and an extensive range of supporting documentation to demonstrate how they meet the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the registered manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and the feedback obtained from both patients and staff has been used within this report.

In respect of the main inspection findings, the registered provider had in place:

- A very comprehensive statement of purpose that detailed the range of services available at the hospital including the treatment and services provided. A patient guide was also available.
- Care documentation that was very comprehensive and care plan evaluation was routinely undertaken on a monthly basis or whenever changes had occurred. Care plans were signed by members of the multi-disciplinary team, however, there was a lack of evidence that patients' views about their care and treatment were taken into account including the medication regime and known side effect and risks being fully recorded and explained to patients. Patient notes contained a physical health sheet, a General Practitioner record and a range of risk assessment documentation. Patient notes also contained confirmation that patient rights were explained to them on a monthly basis.
- An extensive range of policies and procedures with the date of formulation and review. However, there was no evidence that staff had signed to state that they had read and understood the policies and procedures. The inspection manager was informed that a record of staff signatures was maintained at Llanarth Court hospital and no copies were available at Aderyn.

In addition, the policy and procedure to ensure effective communication between staff should address the area of conducting nursing handovers between shifts.

- A staff training programme was in place and this included a range of topics such as: child protection, the Protection of Vulnerable Adults (PoVA), the Mental Health Act 1983, procedures for dealing with complaints, suicidal behaviour, aggressive and disturbed behaviour and fire prevention. However, a significant number of staff had not attended recent training in; risk management, resuscitation techniques, the Mental Capacity Act and anti-discriminatory practice.
- A range of activities/therapies were on offer including: voluntary work in the community, information technology, shopping trips, swimming, walking, visits to the gym, word games and gardening. However, the activities programme appeared to be lacking some direction and this was attributed to the lack of an occupational therapist. In addition, some community based activities were unable to take place due to the lack of transport. However, it was acknowledged that the hospital did have one vehicle at its disposal. In addition, there was no educational input at the establishment; however, the statement of purpose stated that this service was available for patients at Aderyn.
- A number of areas had been subject to audit including; care plans, patient activities and implementation of the '*recovery star*' model of care. However, the audit programmes did not include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, and the extent and quality of direct staff-patient contact.
- A patient survey had been undertaken in 2009, however, there was no record to confirm that a more recent survey had been undertaken.
- There was clear evidence that the management of specific patient conditions took account of the National Institute for Clinical Health and Excellence (NICE) guidelines.

In respect of the other inspection findings feedback from patients was very positive in relation to the attitude and support received from the staff group. Patients generally felt that they were treated with respect and that their privacy and dignity was maintained. Inspectors observed a good rapport between patients and staff

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. A medication record was kept for each patient and this detailed the name of the patient and the medicine and the dose, route and frequency of the medicine. However there was no provision for the date of birth for a patient to be recorded on the drug prescription and administration record. A number of patients were self-medicating and there was a written policy and procedure available that consisted of four stages of self-administration. No controlled drugs were stored at the establishment and there was a wide range of comprehensive policies and procedures in relation to the area of medicines management.

A range of documentation, including information on the advocacy service was available in a suitable format and displayed appropriately for patients. However, the procedure for making a complaint was not displayed on the day of the inspection visit.

In terms of human resources there was a range of policies and procedures available. A random sample of staff files were sighted and these contained a range of information including; a record of induction, evidence of Criminal Record Bureau (CRB) checks and evidence that registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC).

In relation to the environment, there were a number of rooms that were available for patient recreational activities and the establishment had an abundance of communal space. However, there was evidence of water penetration/damp in the lounge/television room and there were no window restrictors on the windows in the cottage. There was also significant evidence of damp/water penetration in the room in the attic that was designated to store patient records. Therefore patient records may become damaged. The smoking area was dirty and required a significant

clean; this was actually initiated during the visit. There were no child-friendly visiting facilities available at the establishment and the location of the patient telephone did not give patients a sufficient level of privacy for telephone calls.

The catering service for patients provided three meals a day and a light sandwich supper. Choice and variety were evident and specific dietary requirements were catered for. Fruit and hot/cold drinks were available on demand and patient views in relation to the catering were very complimentary.

A discussion around proposed changes to staffing levels was initiated and it is important that adequate staffing levels are maintained at all times.

The inspection manager would like to thank the registered manager, staff and patients for their time and co-operation during the inspection visit.

## **Achievements and Compliance**

Within the previous inspection report four regulatory requirements had been identified, an action plan had been received and all of the requirements have been addressed.

In relation to achievements it was very evident that a number of patients had successfully completed the rehabilitative process within Aderyn and had moved to new accommodation.

## **Registration Types**

This registration is granted according to the type of service provided. This report is for the following type of service

Description
<b>An independent hospital with overnight beds providing medical treatment for mental health (including patients detained under the Mental Health Act 1983).</b>

## Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition Number	Condition of Registration	Judgement
1	<p>The number of persons accommodated at the establishment shall not exceed 19 (<b>nineteen</b>) in-patients and 2 (<b>two</b>) day-patients.</p> <ul style="list-style-type: none"> <li>a) Aderyn – The main building of the establishment providing a 17 (<b>seventeen</b>) bed rehabilitation service.</li> <li>b) Aderyn Flat – A first floor flat located in the grounds of the establishment to be used as ‘<i>step down</i>’ accommodation for a maximum 2 (<b>two</b>) persons preparing for discharge.</li> </ul>	Compliant
2	<p>The establishment is <b>registered</b> for male patients aged 18 years and upwards who:</p> <ul style="list-style-type: none"> <li>a) Have a mental disorder.</li> <li>b) May be liable to be detained under the Mental Health Act 1983.</li> <li>c) Have been assessed as in need of psychiatric rehabilitation.</li> </ul>	Compliant
3	<p>The establishment is <b>not registered</b> to provide treatment or care to patients who:</p> <ul style="list-style-type: none"> <li>a) Require treatment or care in conditions of security.</li> <li>b) Have profound to moderate learning disabilities.</li> <li>c) Are in an acute disturbed phase of their mental disorder.</li> <li>d) Have a recent history of absconding and non-compliant behaviour.</li> <li>e) Are convicted sex offenders.</li> <li>f) Are in an acute phase of either a medical illness or who are terminally ill requiring intensive medical treatments.</li> </ul>	Compliant

Condition Number	Condition of Registration	Judgement
4	The numbers and skills of healthcare professionals and support staff assigned to each unit will reflect the number and needs of patients and each unit. The minimum staffing levels for the establishment will be provided as specified in the establishment's Statement of Purpose submitted to Healthcare Inspectorate Wales dated December 2008 and as updated from time to time.	Compliant
5	The Registered Person must ensure that a suitably qualified experienced senior registered nurse – Part 1 (Mental Health) Nursing and Midwifery Council Register, is appointed to the position of lead nurse/manager/clinician. This person must be based at Aderyn with a job description dedicated to the running of the establishment.	Compliant

## Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

## Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

## Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard almost met
C2	The treatment and care provided are patient – centred.	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard not inspected
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard not met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard almost met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not inspected
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses.	Standard met
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard met

Number	Standard Topic	Assessment
C16	Patients have access to an effective complaints process.	Standard met
C17	Patients receive appropriate information about how to make a complaint.	Standard almost met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard not inspected
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard almost met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard almost met
C32	Patients are assured of appropriately competed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard not inspected

**Service Specific Standards- these are specific to the type of establishment inspected**

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework.	Standard met
M2	Communication between staff	Standard almost met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard almost met
M6	Staff training.	Standard almost met
M7	Risk assessment and management.	Standard met
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard almost met
M10	Responsibility for pharmaceutical services.	Standard met
M11	The Care Programme Approach/Care Management.	Standard met
M12	Admission and assessment.	Standard not inspected
M13	Care programme approach: Care planning and review.	Standard met
M14	Information for patients on their treatment.	Standard almost met
M15	Patients with developmental disabilities.	Standard met
M16	Electro-Convulsive Therapy (ECT).	Standard not inspected
M17	Administration of medicines.	Standard almost met
M18	Self administration of medicines.	Standard met
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard met
M21	Patient discharge.	Standard met

M22	Patients' records.	Standard met
M23	Empowerment.	Standard met
M24	Arrangements for visiting.	Standard met
M25	Working with carers and family members.	Standard not inspected
M26	Anti-discriminatory practice.	Standard met
M27	Quality of life for patients.	Standard almost met
M28	Patients' money.	Standard met
M29	Restrictions and security for patients.	Standard met
M30	Levels of observation.	Standard met
M31	Managing disturbed behaviour.	Standard met
M32	Management of serious/untoward incidents.	Standard met
M33	Unexpected patient death.	Standard met
M34	Patients absconding.	Standard met
M35	Patient restraint and physical interventions.	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for staff.	Standard met
M42	The rights of patients under the Mental Health Act.	Standard met
M43	Seclusion of patients.	Standard not inspected
M44	Section 17 leave.	Standard met
M45	Absent without leave under Section 18.	Standard met
M46	Discharge of detained patients.	Standard met
M47	Staff training on the Mental Health Act.	Standard met

## Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Met
3 (Part I)	Period for which medical records must be retained.	Met
3 (Part II)	Record to be maintained for inspection.	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Not applicable

## Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the *'registered person'* who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare

Inspectorate Wales will request the registered person to provide an *'action plan'* confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C1	5 (1) 6 (1)	<p><b>Findings</b></p> <p>There was no educational input at the establishment. However, the statement of purpose stated that this service was available for patients at Aderyn.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that information on the services provided is accurate.</p>	Immediate and on-going.
C2 & M14	15 (1)	<p><b>Findings</b></p> <p>There was also a lack of evidence that patients' views about their care and treatment were taken into account including the medication regime and known side effect and risks being fully recorded and explained to patients.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that it is clearly documented that patients' views about their care and treatment were taken into account.</p>	Within 28 days of the date of this report.
C6	16	<p><b>Findings</b></p> <p>A patient survey had been undertaken in 2009, however, there was no record to confirm that a more recent survey had been undertaken.</p> <p><b>Action Required</b></p> <p>The registered person is required to maintain a system for the review of the quality of treatment and other services provided at the establishment.</p>	A copy of the report in respect of the survey under regulation 16 (2) is required within 28 days of the date of this report.
C19	24 (2) (a)	<p><b>Findings</b></p> <p>There was evidence of water penetration/damp in the lounge/television room.</p>	Within 28 days of the date of this report.

Standard	Regulation	Requirement	Time scale
		<p><b>Action Required</b></p> <p>The registered person is required to ensure that the premises are kept in a good state of repair externally and internally.</p>	
C29, M5, M6 & M9	17 (2) (a)	<p><b>Findings</b></p> <p>A significant number of staff had not attended recent training in: risk management, resuscitation techniques, the Mental Capacity Act and anti-discriminatory practice.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure all staff receive training in: risk management, resuscitation techniques, the Mental Capacity Act and anti-discriminatory practice.</p>	Within 28 days of receiving this report.
C31	8 (1) (f) 20 (1) (b)	<p><b>Findings</b></p> <p>There was significant evidence of damp/water penetration in the room in the attic that was designated to store patient records. Therefore patient records may become damaged.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that patient records are stored in an appropriate environment to ensure that they are retained for the required period of time.</p>	Immediate and on-going.
M4	16 (1)	<p><b>Findings</b></p> <p>The audit programmes did not include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records and the extent and quality of direct staff-patient contact.</p>	Within three months of receiving this report.

Standard	Regulation	Requirement	Time scale
		<p><b>Action Required</b></p> <p>The registered person is required to ensure that the audit programmes include: monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact.</p>	
M8	24 (2) (d)	<p><b>Findings</b></p> <p>There were no window restrictors on the windows in the cottage.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure all parts of the establishment are so far as reasonably practicable free from hazards to patient safety.</p>	An action plan of how this area will be addressed to be sent to HIW within 28 days of receiving this report.
M17	14 (5)	<p><b>Findings</b></p> <p>There was no provision for the date of birth for a patient to be recorded on the drug prescription and administration record.</p> <p><b>Action Required</b></p> <p>The registered person is required to make suitable arrangements for the safe administration of drugs, therefore the drug prescription and administration record must contain details of the patients' date of birth.</p>	Immediate and on-going.
	24 (2) (b)	<p><b>Findings</b></p> <p>There was no child friendly visiting area within the establishment.</p> <p><b>Action Required</b></p> <p>The registered person is required to provide a child friendly visiting area within the establishment.</p>	An action plan of how this area will be addressed to be sent to HIW within 28 days of receiving this report.

## Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C7 & C9	All staff should read the policies and procedures relevant to their area of work and sign a statement to this effect. A record of this should be available at the establishment.
C17	A copy of the complaints procedure should be displayed within the establishment.
M2	The policy and procedure to ensure effective communication between staff should address the area of conducting nursing handovers between shifts.
M27	There should be provision to maintain privacy when using the public payphone.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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