

**Pinetree Court
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Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
17 March 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

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 Pinetree Court Independent Hospital on 17 March 2011 by an inspection manager, an assistant inspection manager, two HIW reviewers and a Mental Health Act reviewer.

The hospital was first registered with HIW in November 2007 and is currently registered to accommodate 29 (twenty nine) patients within three separate units. Pinetree Court provides a rehabilitation service for persons with a primary diagnosis of learning disability or autistic spectrum disorder who maybe liable to be detained

under the Mental Health Act 1983. Further details in relation to the various categories of admission are listed within the conditions of registration section of this report.

As part of the inspection process the registered provider submitted a completed self-assessment form and supporting documentation to demonstrate how they met the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focussed upon the examination of a range of documentation including 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 feedback from both patients and staff has been used within this report.

A number of key areas were considered during the inspection process including care plans, risk assessments, catering, environment of care, staffing, internal quality monitoring and governance processes.

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

- Comprehensive care documentation which included care plans that had been signed by the patient. There was also evidence of risk assessments being undertaken; treatment plans being implemented and in the majority of cases inclusive multidisciplinary notes being made. Daily support records and evidence of patients being read their rights under section 132 of the Mental Health Act were also available. Unfortunately, there were a few occasions whereby the date for review had lapsed on some of the care plan documentation and this will require attention to ensure that care plans accurately reflect the current needs of the patients.
- An enthusiastic occupational therapy team who were engaged with both the patient and their support workers. Patients had access to a wide range of activities including access to a nearby allotment and gym; hydrotherapy sessions had also been made available. Speech and language staff and a work skills coach had also provided additional support where required. The activities room was well equipped with a computer, reading material and

games; and cookery sessions were held in the patient '*country*' kitchen. The '*country*' kitchen was also used as a small shop area and run by the patients several times a week.

- Patients that were interviewed said they felt engaged in their care and that they had been treated with dignity and respect however, some patients talked of their anxieties with regard the challenging behaviour of one particular patient and how that made them feel. Staff also made similar references with regard the same patient. Consideration needs to be given as to how the long term needs of the patient can be continually met and managed within a rehabilitation setting without it overly impacting on the staff and other patients. In addition, some staff also felt that links with other professionals such as the social workers could be further strengthened.
- A range of patient information was available on most of the wards including easy read material. It was noted however that within the Juniper Ward information on the complaints procedure and advocacy service was missing. Patients also stated that they would benefit from having notice boards available within their rooms.
- In terms of training, a comprehensive training programme was in place for all levels of staff and new members of staff were required to attend a two week induction course. Individuals were also supported with regard their own personal development as evident with the BTEC teaching qualification being undertaken by one member of staff. Attendance rates for mandatory training such as health and safety were fairly high; however, the attendance rates with regard the Protection of Vulnerable Adults (POVA) and food hygiene training were low, although discussion with staff during the inspection did suggest that dates had already been set to address the deficit. In addition, training with regard the complaints process will need to be organised; some staff stated that they had received '*on the job*' training but had not attended any prearranged specific training.
- A range of policies and procedures were in place and staff had been alerted to new policies via their email account or information displayed within the hospital.

- Choice and variety were evident with regard the catering provided however there was a mixed response from patients with regard to the quality of food being provided. The catering staff felt that the food was being well received by patients but said they would welcome a system such as a comment book whereby staff could receive feedback from patients in order to assess whether any changes could be made. In addition, staff also need to ensure that the temperature of the food which is delivered by tray to the Cedar Lodge is checked on arrival to ensure that it is at an appropriate level.
- In relation to the area of medicines management an overview of the ordering, storage, use and disposal of medicines was undertaken and the outcome was generally very positive. Policies were in place, medication records were in order; pharmacy audits had been undertaken and medicines requiring cool storage were done so appropriately. Areas identified for action include: amending the Medicines Policy to ensure that it covers the arrangements for accessing blood monitoring services, storing medicines for external use separate to any tablets, promptly returning any medication that was no longer required to the pharmacy, reviewing how the medication was transported from the main hospital to Cedar Lodge. A secure method needs to be implemented for the occasions when the patients are unavailable to attend the main hospital. In addition, consideration as to whether the current system of dispensing medication to patients within the main hospital is the most effective. Currently the registered nurse individually prepares the patients' medication then goes to find the patient within the appropriate ward; this would neither seem the most effective nor efficient system of undertaking this task.

The following observations were made in relation to the environment of care:

- The environment was well maintained and clean and furnishings were of a good standard. There was adequate communal space and good access to the outdoors and it was evident from the sensory garden that the outside areas had been well utilised.

- The female patients being accommodated within Juniper ward had access to a bath but no designated shower facility. Shower facilities were available, but in an area where both male and female patients were situated. As discussed with the registered manager and registered individual on the day of inspection, immediate action to enable the female patients to access a designated shower facility was required in order that the privacy, dignity and safeguarding of the female patients was maintained.
- Within the main laundry room there was no wash hand basin available to the staff; as part of good hygiene and infection control practices this requires urgent remedial action. In addition, during the inspection soiled linen had been left on the floor of the laundry room. However, it was apparent from discussions with the housekeeping staff that a system was in place whereby red bags were used for soiled linen, blue bags for the patients' clothing and a trolley placed on the individual wards to collect dirty towels. Consideration as to how effective this system is in practice needs to be given. Refresher training for ward staff regarding infection control may also prove beneficial.
- There was a well furnished visitors' room and where it was deemed necessary, child-friendly objects were sourced from within the hospital. There was also access to baby changing facilities.

The inspection team would like to thank all staff and patients for their co-operation and assistance during the inspection.

Achievements and Compliance

Registration Types

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

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

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 in the establishment at any one time must not exceed 29 (twenty nine) as specified below:</p> <p>a) Juniper Unit – 14 bed mixed gender unit. b) Larch Unit – 12 bed single gender unit. c) Cedar Lodge – 3 bed single gender unit.</p>	Compliant
2.	<p>The registered person is registered only:</p> <p>a) To provide, subject to condition 3) below, medical and psychiatric treatment intended to rehabilitate male and female adults up to the age of sixty-five (65) years with a primary diagnosis of learning disability or autistic spectrum disorder. b) Within a) above to accommodate persons who maybe liable to be detained under the Mental Health Act 1983.</p>	Compliant
3.	<p>The registered person must not admit the following categories of patients:</p> <p>a) Persons requiring care and treatment in a low secure, medium secure or high secure environment. b) Persons who have been diagnosed with a severe or profound learning disability.</p>	Compliant

Condition Number	Condition of Registration	Judgement
	c) Persons whose primary need is treatment for drug and/or alcohol addiction. d) Persons who have been assessed as a high risk to children.	
4.	The registered persons must only admit persons who have been subject to a full assessment as specified in the establishment's policies and procedures.	Compliant
5.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose (Version 4.1) dated 20 January 2009 and as updated from time to time. Any changes to the minimum staffing levels must be agreed by Healthcare Inspectorate Wales in writing, prior to those changes being introduced.	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
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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 met
C2	The treatment and care provided are patient – centred.	Standard 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 almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard not assessed
C6	Patients’ views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard almost met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard 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 not assessed
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard not assessed
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not assessed
C13	Patients and personnel are not infected with blood borne viruses.	Standard not assessed
C14	Children receiving treatment are protected effectively from abuse.	Standard not assessed
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard almost met

Number	Standard Topic	Assessment
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard not assessed
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 not assessed
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 not assessed
C23	The appropriate health and safety measures are in place.	Standard not assessed
C24	Measures are on 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 almost met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard almost met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard not assessed
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard not assessed
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard 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 not assessed
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 assessed

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 met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard met
M6	Staff training.	Standard met
M7	Risk assessment and management.	Standard not assessed
M8	Suicide prevention.	Standard not assessed
M9	Resuscitation procedures.	Standard not assessed
M10	Responsibility for pharmaceutical services.	Standard almost met
M11	The Care Programme Approach/Care Management.	Standard met
M12	Admission and assessment.	Standard met
M13	Care programme approach: Care planning and review.	Standard met
M14	Information for patients on their treatment.	Standard met
M15	Patients with developmental disabilities.	Standard met
M16	Electro-Convulsive Therapy (ECT).	Standard not assessed
M17	Administration of medicines.	Standard almost met
M18	Self administration of medicines.	Standard not assessed
M19	Treatment for addictions.	Standard not assessed
M20	Transfer of patients.	Standard not assessed
M21	Patient discharge.	Standard not assessed
M22	Patients' records.	Standard almost met

M23	Empowerment.	Standard met
M24	Arrangements for visiting.	Standard met
M25	Working with carers and family members.	Standard met
M26	Anti-discriminatory practice.	Standard met
M27	Quality of life for patients.	Standard almost met
M28	Patient's money.	Standard not assessed
M29	Restrictions and security for patients.	Standard not assessed
M30	Levels of observation.	Standard met
M31	Managing disturbed behaviour.	Standard not assessed
M32	Management of serious/untoward incidents.	Standard met
M33	Unexpected patient death.	Standard not assessed
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 assessed
M44	Section 17 Leave.	Standard met
M45	Absent without Leave under Section 18.	Standard not assessed
M46	Discharge of detained patients.	Standard not assessed
M47	Staff training on the Mental Health Act.	Standard not assessed

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.	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Compliant
3 (Part I)	Period for which medical records must be retained.	Compliant
3 (Part II)	Record to be maintained for inspection.	Compliant
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
M4 M22 C4	16	<p>Findings</p> <p>There was no evidence to suggest that the clinical records had been recently audited. There were also examples whereby not all professions were contributing to a multidisciplinary clinical recording system.</p> <p>Action Required</p> <p>The registered person should ensure that a system is in place for reviewing at appropriate intervals the quality of treatment and other services provided in or for the purposes of the establishment.</p>	Within three months of receiving this report.
M27 C19	15 (4)a 24 2(b)	<p>Findings</p> <p>Female patients had no access to a designated shower facility within Juniper Ward.</p>	Immediate and on-going.

Standard	Regulation	Requirement	Time Scale
		<p>Action Required</p> <p>The registered person is required to ensure that suitable arrangements are made with regard a designated shower facility for female patients within Juniper ward in a matter which respects their privacy and dignity.</p>	
C15 C16	17(2)a	<p>Findings</p> <p>Staff training was required in the use of:</p> <ul style="list-style-type: none"> • Protection of Vulnerable Adults (POVA). • Food Hygiene. • What constitutes a complaint and the Procedures for dealing with a complaint. <p>Action Required</p> <p>The registered person is required to ensure that all members of staff receive training on POVA, food hygiene and what constitutes a complaint and the procedures for dealing with a complaint.</p>	Within three months of receiving this report.
C6	16 (1) & (3)	<p>Findings</p> <p>There was no system in place for patients' views to be captured regarding the quality of food.</p> <p>Action Required</p> <p>The registered person is required to ensure that the food which is provided for is suitable for the needs of the patient.</p>	Within three months of receiving this report.
C26 M17 M10	14 (5)	<p>Findings</p> <p>No secure method had been adopted for transporting medication to Cedar Lodge. Medication that was no longer in use needed to be returned to the pharmacist. The medicines policy did not cover the arrangements for access to blood monitoring services.</p>	Within three months of receiving this report

Standard	Regulation	Requirement	Time Scale
		<p>Action Required</p> <p>The registered person is required to ensure that suitable arrangements are in place for the handling, safe keeping, safe administration and disposal of drugs.</p>	
C27	14 (6)	<p>Findings</p> <ul style="list-style-type: none"> • No wash had basin within the laundry room. • Soiled bed linen located on the floor of the laundry room. <p>Action Required</p> <p>The registered provider should make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p>	Immediate and on-going.

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
C17	The complaints process and information concerning the Independent Advocacy Service should be available in all areas.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations 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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