

**St Teilo House
Goshen Street
Rhymney
Gwent
NP22 5NF**

Inspection Report 2010-2011

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED**

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk



Inspection Date:	Inspection Manager:
22 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.

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 St Teilo's independent hospital on 22 February 2011 by an inspection manager, one HIW independent healthcare reviewer and one Mental Health Act reviewer. St Teilo Independent Hospital is owned by Cambian Healthcare Ltd, which has several independent hospitals in England and one in North Wales. St Teilo was registered as an independent hospital in March 2007 having been completely refurbished from a nursing home. It is situated in the village of Rhymney, near Merthyr Tydfil in South Wales. The establishment is easily accessible by road and public transport as there are local bus and rail links to the area.

St Teilo is registered to provide psychiatric treatment intended to rehabilitate female adults between the ages of 18 and 65 years with a primary diagnosis of mental illness. St Teilo House is also registered to provide services to those who may be detained under provisions of the Mental Health Act 1983.

St Teilo operated a locked door policy; however it is not intended to be a secure service and was not designed to meet the best practice guidance standards, issued by the Department of Health for a low secure psychiatric service. There were procedures in place to ensure that patients not detained under the Mental Health Act were not restricted

As part of the inspection process the registered provider submitted a 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 manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and 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 comprehensive statement of purpose and a patient guide.
- A system of care documentation that included a comprehensive patient profile, a daily risk assessment, a community risk assessment and a comprehensive range of care plans that were evaluated on a monthly basis. However, 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. Patient notes were integrated into a single multi-disciplinary record; however, daily entries into the notes reflected very little detail in relation to the extensive range of care plan documentation. In addition, an entry for one patient had a stamp next to the entry that stated '*medical*' and there was no

signatory. In relation to the Mental Health Act 1983 there was evidence, within the patient documentation, that a patient's rights were explained to them on a regular basis. In addition information on Section 17 leave forms was very general and not specific with no time period and the location of leave to be taken.

- A range of policies and procedures with the date of formulation and anticipated review. On induction, staff routinely read the policies and procedures relevant to their area of work, however, there was no evidence that staff routinely read and signed to state that they had read and understood reviewed or new policies and procedures.
- A staff training programme was in place and this covered a range of topics including; first aid, fire awareness, managing challenging behaviour, equality and diversity, child protection and the Protection of Vulnerable Adults (PoVA). However, a significant number of staff had not attended training in consent to treatment, the Mental Health Act 1983, what constitutes a complaint and the procedures for dealing with complaints.
- A range of activities/therapies were on offer including: social skills, personal hygiene, laundry, shopping, road safety, cooking, literacy, relationship awareness, gardening, pets and small animal care, swimming, gym, computer skills (including literacy and numeracy), creative writing, budgeting skills, dressmaking, knitting, arts and crafts, relaxation, yoga / meditation, music and walking. Individual activity programmes were in place for patients.
- A number of areas had been subject to audit including: care plans, Health and Safety, accidents and incidents, cleaning, Mental Health Act implementation and medication. However, the audit programmes did not 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, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.
- A patient survey had been undertaken in 2010 and a detailed analysis of the results was available. An action plan had been formulated following the

survey; however, it was unclear from the information received if the effectiveness of the action plan had been measured.

- There was clear evidence that the management of specific patient conditions took account of the National Institute for Health and Clinical Excellence (NICE) guidelines.

In respect of the other inspection findings, the feedback from patients was that they thought highly of staff and felt that they were treated with care and concern.

Inspectors observed a good rapport between patients and staff.

An advocacy service was available and an advocate visited the hospital routinely or when requested. In relation to the area of complaints an informative poster was on display on the wards and this explained the process for making a complaint to the patients.

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. However, a patient who was going home on leave had not had their medication properly dispensed by a pharmacist. A policy and procedure in relation to the self-administration of medicines was in place and consisted of two stages. No '*Controlled Drugs*' were stocked at the establishment and a British National Formulary (BNF) dated March 2010 was available as a relevant reference source. There was a comprehensive range of policies and procedures in relation to the area of medicines management available at the establishment.

There was a detailed admission policy and procedure, however, no staff from the hospital actually visited and assessed any potential patients. The assessment process was conducted centrally and a company nurse assessor would visit any potential patients and would conduct a pre-admission and risk assessment. This assessment would be sent to the registered manager and then there would be a full multi-disciplinary meeting. However, the staff employed in the establishment were not part of the formulation of the assessment process to enable them to make contact with the patient at an early stage. Only the hospital staff will be in a position

to consider the present patient group and the wider dynamics of any possible admission to the establishment.

The catering service for patients provided a choice and variety of meals and there was a range of hot meals and fresh salads served throughout the week. Fresh fruit and drinks were readily available throughout the day and patient feedback was very positive in relation to the choice, quality and presentation of meals.

In relation to the environment all patient bedrooms are single rooms with '*en-suite*' facilities including a shower. However, a significant number of the patient vision panels on patient bedroom doors were left in the '*open*' position and patients did not have the facility to close these. Two fully equipped patient kitchen areas were available and these appeared well used by the patient group. There were child friendly visiting facilities available at the establishment.

In terms of staff participation in a fire drill, the inspection manager was informed that drills occur on a regular basis, however, no record could be produced to confirm this.

A comprehensive ligature risk assessment had been undertaken in October 2010 and this clearly identified the action required, however, from the information submitted it was unclear if this action had been undertaken. In addition, the varying levels of observation for patients was clearly documented and a record maintained, however, the policy on observation did not detail the skill levels of staff that was required.

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

Achievements and Compliance

No requirements were made at the last inspection.

Registration Types

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

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

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.	The total number of persons accommodated in the establishment at any one time must not exceed 24 (twenty four).	Compliant
2.	The registered person is registered only: <ul style="list-style-type: none"> a) To provide, subject to condition 3) below, medical and psychiatric treatment intended to rehabilitate female adults up to the age of sixty five (65) years with a primary diagnosis of mental disorder. Within (a) above, to accommodate persons who may be liable to be detained under the Mental Health Act 1983.	Compliant
3.	The registered person must not admit the following categories of patients: <ul style="list-style-type: none"> a) Persons without a mental disorder as defined by the Mental Health Act 1983. b) Persons with a primary diagnosis of learning disability, substance misuse, physical disability, or acquired brain injury. 	Compliant

Condition Number	Condition of Registration	Judgement
	c) Persons who have been convicted of an offence listed in Schedule 1 of the Sex Offenders Act 1997. d) Persons requiring an emergency admission unless accommodated immediately prior to the admission in an establishment which is part of Cambian Healthcare Ltd and is registered as an Independent Hospital under the Care Standards Act 2000.	
4.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose dated 9 March 2010.	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 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 almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard met
C6	Patients’ views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard 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 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 met
C13	Patients and personnel are not infected with blood borne viruses.	Standard not inspected
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 almost met
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 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 almost 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 met
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 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 met
C32	Patients are assured of appropriately completed health records.	Standard almost 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 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 almost met
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard met
M10	Responsibility for pharmaceutical services.	Standard almost met
M11	The Care Programme Approach/Care Management.	Standard met
M12	Admission and assessment.	Standard almost met
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 inspected
M16	Electro-Convulsive Therapy (ECT).	Standard not inspected
M17	Administration of medicines.	Standard met
M18	Self administration of medicines.	Standard almost met
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard met
M21	Patient discharge.	Standard met

Number	Mental Health Hospital Standards	Assessment
M22	Patients' records.	Standard 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 met
M28	Patients' money.	Standard not inspected
M29	Restrictions and security for patients.	Standard met
M30	Levels of observation.	Standard almost 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 almost 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 almost 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
C2	15 (4) (a)	<p>Findings</p> <p>Staff were not aware of any policy and procedure on the use of the vision panels on patient bedroom doors. Consequently these were left in the open position.</p> <p>Action Required</p> <p>The registered person is required to</p>	<p>A copy of the policy and procedure and confirmation that staff have read and are aware of same to be submitted to HIW within 28 days of receipt</p>

Standard	Regulation	Requirement	Time Scale
		ensure that any policy and procedure in relation to the use of the vision panels on patient bedroom doors protects the privacy and dignity of patients. In addition, staff must be made aware of the policy/procedure.	of this report.
C2, C32, M7, M14 & M44	15 (1) & (3)	<p>Findings</p> <p>Daily entries in the patient notes reflected very little detail in relation to the extensive range of care plan documentation. Also, an entry for one patient had a stamp next to the entry that stated '<i>medical</i>' and there was no signatory. In addition, 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.</p> <p>Also information on Section 17 leave forms was very general and not specific with no time period and the location of leave to be taken.</p> <p>Action Required</p> <p>Daily entries in the patient notes must reflect information in relation to the extensive range of care plan documentation. Also, all entries in patients' health records must be signed and accompanied by the designation of the signatory. In addition, the registered person is required to ensure that patient's views about their care and treatment were taken into account.</p> <p>Also information on Section 17 leave forms must have specific information in relation to the time period and the location of leave to be taken.</p>	Within 28 days of receipt of this report.

Standard	Regulation	Requirement	Time Scale
C4 & M4	16 (1)	<p>Findings</p> <p>The audit programmes did not 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, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p> <p>Action Required</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, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p>	Within three months of receiving this report.
C16, M5, M6 & M47	17 (2) (a)	<p>Findings</p> <p>A significant number of staff had not attended training in consent to treatment, the Mental Health Act 1983, what constitutes a complaint and the procedures for dealing with complaints.</p> <p>Action Required</p> <p>The registered person is required to ensure that all staff receive training in consent to treatment, the Mental Health Act 1983, what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report.
C19	24 (4) (d)	<p>Findings</p> <p>There was no evidence that all staff had participated in a recent fire drill.</p>	Immediate and on-going

Standard	Regulation	Requirement	Time Scale
		<p>Action Required</p> <p>The registered person is required to ensure that all staff participate in a recent fire drill.</p>	
C22 & M8	15 (1) 24 (2) (d)	<p>Findings</p> <p>A ligature risk assessment had been undertaken and this clearly identified the action required, however, from the information submitted it was unclear if this action had been undertaken.</p> <p>Action Required</p> <p>The registered person is required to ensure that any action required has a result of the ligature risk assessment is undertaken.</p>	Within three months of the date of this report.
M10	14 (5)	<p>Findings</p> <p>A patient who was going home on leave had not had their medication properly dispensed by a pharmacist.</p> <p>Action Required</p> <p>The registered person is required to ensure that when a patient is going on leave that their medication is dispensed by a pharmacist.</p>	Immediate and on-going.
M12	15 (1)	<p>Findings</p> <p>The staff employed in the in the establishment were not part of the formulation of the assessment process to enable them to make contact with the patient at an early stage. Only the hospital staff will be in a position to consider the present patient group and the wider dynamics of any possible admission to the establishment.</p> <p>Action Required</p> <p>The registered person is required to ensure that staff employed in the</p>	Immediate and on-going

Standard	Regulation	Requirement	Time Scale
		establishment are part of the assessment process.	

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	Recommendations
C7	There was no evidence that staff routinely read and signed to state that they had read and understood reviewed or new policies and procedures.
M30	The policy on observation should detail the skill levels of staff that was required.

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 healthcare provided by the NHS and the independent (private and voluntary) sector.

This document may be reproduced free of charge in any format or medium, provided that it is not for commercial resale. You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Healthcare Inspectorate Wales. This consent is subject to the material being reproduced accurately and provided that it is not used in a derogatory manner or misleading context. The material should be acknowledged as © 2011 Healthcare Inspectorate Wales and the title of the document specified. Applications for reproduction should be made in writing to: The Chief Executive, Healthcare Inspectorate Wales, Bevan House, Caerphilly Business Park, Caerphilly, CF83 3ED.