

**Ty Gwyn Hall
Llantillio
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Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager:
16 September 2009	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with the 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. The 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 Ty Gwyn Hall on the 16 September 2009 by an Inspection Manager and two HIW reviewers. The hospital was first registered in March 1987 and is currently registered to take 34 patients over the age of 18 with functional mental health problems, who may be liable to be detained under the Mental Health Act 1983. The hospital is owned by Parkcare Homes Ltd which is a wholly owned subsidiary of Craegmoor Healthcare Ltd.

The main house provided accommodation for 18 patients and in addition a large extension that was registered in June 2008 provided an additional 12 beds as a mixed gender assessment unit, with an additional 4 bed single gender 'step down' facility. A major refurbishment had taken place during 2008 and early 2009 and this had considerably improved the environmental facilities for the patient group.

Prior to the inspection the registered manager submitted a comprehensively completed pre-inspection questionnaire and a range of supporting documentation. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the registered manager, the deputy manager, other staff members and a number of patients. In addition the company submitted a range of documentation in relation to the management of violence, aggression and disturbed behaviour. The outcome of this review was very positive and in particular the "advanced directive" form was mentioned has an excellent form of patient focused information. A recommendation of the review was that the critical event policy should be reviewed to assess the post incident processes for inclusion of debriefing and lesson learning.

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

- A comprehensive statement of purpose and patient guide.
- An extensive range of policies and procedures with the date of formulation and anticipated review and all policies and procedures had a list available for all staff to sign to state that they had read and understood the policy. Unfortunately a significant majority of staff had not signed in relation to a number of key documents.
- A comprehensive staff training programme was in place and this included a 3 day course on substance misuse. Following this training, treatment for addiction programmes of care need to be developed to ensure that patient needs are met. In addition there appeared to be a lack of awareness by some staff of child protection issues.
- Individual programmes of activities had been formulated and engagement with community activities was evident, however there was considerable scope to improve the range of recreational and social activities available for the patients.

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. The system of care documentation was very comprehensive but care plans needed to ensure that they addressed all the patients identified needs including keeping vulnerable patients safe from any form of exploitation. In addition, there was a lack of recorded information in relation to the patient's views about their care and treatment, especially the effects and side effects of drugs. In relation to the Mental Health Act 1983 there was no evidence, within the patient documentation, that a patient's rights were explained to them on a regular basis.

A range of documentation, in a suitable format, was available for patients however a document on the area of available therapies needed to be developed.

An advocacy service was available, however, a review of this needs to be undertaken by the registered provider and manager to ensure that it is effective in meeting the needs of the patient group at Ty Gwyn.

An overview of the ordering, storage, use and disposal of medication was undertaken and a number of observations were made. Unfortunately the medicines management policy/procedure formulated by Craegmoor Healthcare had not been adhered too in relation to the administration of "as necessary" medication. No reasons for the prescribing of medication had been recorded in the individual patient records or within the medication prescription charts. In addition, there was no care plan available for a patient who was self medicating. In relation to the emergency equipment the suction machine had "failed" a recent safety check and therefore could not be used in an emergency and the hospital was awaiting delivery of additional emergency equipment.

In relation to the environment, the extensive refurbishment programme had created a very pleasant and comfortable environment, however, gender specific toilets and bathrooms were not available.

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

Achievements and Compliance

Within the previous inspection report 6 regulatory requirements had been identified, an action plan had been received and 5 of the requirements have been addressed. In relation to the 1 outstanding requirement the hospital was awaiting the emergency equipment following the National Patient Safety Agency guidance issued in November 2008 in relation to all psychiatric hospitals having the necessary equipment in place from May 2009.

In relation to achievements it was very evident throughout the inspection visit of the very positive rapport between patients and staff. In addition, the “step down” facility had been very successful with a number of patients having discharge plans in place.

Registration Types

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

Description
An Independent hospital 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.	<p>The number of persons accommodated in the establishment must not exceed thirty-four (34) at any one time as specified below.</p> <ul style="list-style-type: none"> ▪ Ty Gwyn (18 bed mixed gender rehabilitation unit) ▪ Skirrid View (12 bed mixed gender assessment unit) ▪ Pentwyn House (4 bed single gender ‘step down’ unit) 	Compliant
2.	<p>The registered person is registered only:</p> <p>a) To provide, subject to condition 3) below, medical and psychiatric treatment to rehabilitate male and female adults who :</p> <ul style="list-style-type: none"> i) are adults (over the age of 18 years) diagnosed with mental illness. ii) may be liable to be detained under provisions of the Mental Health Act 1983. 	Compliant

Condition number	Condition of Registration	Judgement
3.	The registered person is registered only: b) To provide, subject to condition 3) below, medical and psychiatric treatment to rehabilitate male and female adults who : i) are adults (over the age of 18 years) diagnosed with mental illness. ii) may be liable to be detained under provisions of the Mental Health Act 1983.	Compliant
4.	Accommodation for male and female patients must be organised so that bedrooms for each gender are clustered together and are adjacent to the designated bathing facilities for that gender patient group.	Insufficient Assurance
5.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose agreed for distribution on 17 October 2007.	Compliant

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement.

Condition number	Findings and action required	Time scale
4	Findings: Within Ty Gwyn Hall there was no gender specific bathing facilities on the first floor. Action required: The registered provider/manager must ensure that gender specific bathrooms and toilet areas are identified on the first floor of Ty Gwyn Hall.	An action plan of how the hospital will comply with this condition within 28 days of the date of this report.

Assessments

The 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. The 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, the 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 met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient 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 applicable
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 applicable
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 met
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard 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 met

Number	Standard Topic	Assessment
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 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 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 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 applicable

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 met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard met

Number	Mental Health Hospital Standards	Assessment
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 met
M13	Care programme approach: Care planning and review	Standard almost 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 applicable
M17	Administration of medicines	Standard almost met
M18	Self administration of medicines	Standard almost met
M19	Treatment for Addictions	Standard almost met
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard met
M23	Empowerment	Standard almost 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 inspected
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 almost 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 not inspected
M42	The Rights of Patients under the Mental Health Act	Standard almost met
M43	Seclusion of Patients	Standard not applicable
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. The 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
C29	14 (2) (b)	<p>Findings The suction machine had failed a safety check.</p> <p>Action Required The registered person is required to ensure that all equipment used for the purposes of the establishment is properly maintained and in good working order. Repair or replacement of the machine is therefore required.</p>	Within 28 days of the date of this report
C29 & M9	14 (1) (b) & (c)	<p>Findings Appropriate resuscitation equipment was not available.</p> <p>Action Required The registered person is required to provide appropriate resuscitation equipment.</p>	Within 28 days of the date of this report.

Standard	Regulation	Requirement	Time scale
M13 & M18	14 (1) (a)	<p>Findings Care plan documentation did not address all the patients identified needs.</p> <p>Action Required The registered person is required to ensure that the treatment and any other services meet the patient's individual needs.</p>	Within 28 days of the date of this report
M19	15 (1)	<p>Findings Patients with addictions were not receiving appropriate treatment in terms of group and individual counselling.</p> <p>Action Required The registered person is required to promote and make proper provision for the welfare of patients. Treatment programmes for addictions must be formulated and implemented.</p>	Within 28 days of the date of 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	All staff to read the policies and procedures relevant to their area of work and sign a statement to this effect.
M14	The medication regime and the known side effects and risks should be fully recorded and explained to the patients.
M17	The Craegmoor policy and procedure for the administration of “as necessary” medication to be fully implemented.
M23	Patient information leaflets need to be formulated in a suitable format in relation to the area of therapies.
M27	The range of recreational and social activities to be extended and improved.
M32	The critical event policy should be reviewed to assess the post incident processes for inclusion of debriefing and lesson learning.
M42	Patients detained under the Mental Health Act should have their rights explained to them a minimum of monthly.

The 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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