

Independent Mental Health Service Inspection (Unannounced)

Regis Healthcare Limited

Hillview Hospital

Brenin and Ebbw Wards

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Contents

1.	What we did	5
2.	Summary of our inspection.....	7
3.	What we found	9
	Quality of patient experience	10
	Delivery of safe and effective care	15
	Quality of management and leadership	24
4.	What next?	28
5.	How we inspect independent mental health services	29
	Appendix A – Summary of concerns resolved during the inspection	30
	Appendix B – Improvement plan	31

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Hillview Hospital on the evening of 2 December 2019 and following days of 3 and 4 December. The following sites and wards were visited during this inspection:

- Brenin Ward - Child and Adolescent Mental Health Service
- Ebbw Ward - Child and Adolescent Mental Health Service

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

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

HIW uses a range of intelligence to inform its inspection programme and the frequency of mental health inspections at Hillview Hospital is notable, reflecting our ongoing raised level of concern. This was HIW's ninth visit since March 2018. HIW does not routinely carry out this number of inspections in such a short timeframe. Since April 2018 Regis Healthcare Limited's Hillview hospital has been designated as a service of concern in line with our enforcement policy. The purpose of this inspection was to assess whether sufficient improvements have been made to address the issues we have continued to find at this hospital, and, pending our findings, consider whether the hospital should continue to be designated as a service of concern.

Specific issues we have consistently identified include the following:

- Risk management

- Employment processes
- Staff Training
- Leadership, management and governance
- Mental Health Act Monitoring

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

Patients had good access to education, psychology, occupational therapy and community activities.

Improvements are required in relation to medicines management and in relation to maintaining accurate staff rota records

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients were provided with a good range of therapies and activities
- Care and Treatment plans were completed in line with the Welsh Measure
- Implemented a number of changes following previous inspections
- Monitoring the use of the Mental Health Act.

This is what we recommend the service could improve:

- Management of food and/or fluid restricting behaviours
- Safe and effective medicines management
- Management of staff rota records
- The stability of the hospital workforce
- The provision of information on Brenin ward for patients.

There were no areas of non-compliance identified at this inspection that required immediate action. However we did identify regulatory breaches during this inspection regarding

- Medication management

- Fluid recording
- Staff rota management.

Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

Overall this was a positive inspection and we found that significant improvements had been made throughout the hospital to address the concerns raised in previous inspections. Given these findings HIW has determined that Hillview Hospital is no longer a Service of Concern.

3. What we found

Background of the service

Regis Healthcare Limited is registered to provide an independent hospital for Children and Adolescent Mental Health (CAMH) patients at Hillview Hospital, Ebbw Vale, Gwent NP23 5YA.

The service has two wards, Ebbw Ward which has 6 beds and Brenin Ward, which has 12 beds. Both wards offer care to people under the age of 18 years.

The service was first registered on 15 January 2014

The service employs a staff team which includes the responsible individual, registered nurses and health care support workers. The multi-disciplinary team includes psychiatrists, psychologists, assistant psychologists, occupational therapists, technical assistants, teachers, teaching assistants and activities co-ordinators. There was also a large administrative team which supported the clinical teams in the daily running of the hospital.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed staff interacting and engaging with patients appropriately, and we observed staff treating patients with dignity and respect.

We saw staff attending to people who required one to one support in a calm and reassuring manner, employing appropriate engaging techniques when required.

There were a range of suitable activities and therapies available throughout the hospital, and within the community, to aid patients' rehabilitation.

Health promotion, protection and improvement

Within Ebbw ward there was a range of relevant information leaflets for patients, families and other visitors on mental and physical health and well-being. However there was limited information available for patients, families and other visitors on Brenin ward.

There was a school within the hospital, known as Ty Seren, which provided patients with educational input whilst being cared for at the hospital. The school had dedicated teaching and support staff to facilitate lessons.

When not attending school we observed patients taking part in a range of therapeutic and leisure activities.

There were a range of resources available throughout the hospital including arts and crafts, books and board-games. Staff and patients confirmed that there were regular group and individual activities within the community. The input from occupational therapy technicians and senior support workers help provide a range of activities, within the hospital and the community. These included cinema and horse riding trips, as well as attending the local leisure centre, shops and restaurants.

Throughout the inspection we saw patients taking part in activities and accessing the community.

Hillview Hospital is a non-smoking unit, smoking is not permitted anywhere within the building or the hospital grounds. Both wards had a garden area which the young people could access and there was also an area where family pets could attend and visit the patients.

Patients were able to access GP, dental services and other health professionals in the community as required. Patients' records also provided evidence of detailed and appropriate physical wellbeing monitoring. Staff had access to designated hospital vehicles which enabled staff to facilitate patients' activities and medical appointments in the community.

Dignity and respect

We noted that all employees; ward staff, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect. We observed positive professional engagement and interaction between patients and staff with the patient at the centre of each part of the process. It was positive to hear and observe patients being spoken about in a professional and respectful way.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. We observed staff taking time to speak with patients and address any needs or concerns the patients raised, this demonstrated that staff had responsive and caring attitudes towards the patients.

The bedrooms on Ebbw Ward offered adequate storage and patients were able to personalise their room with pictures and posters. Patients could also lock their bedrooms, which staff could over-ride if required. Patients told us that staff generally respected their privacy and dignity. During the course of our inspection we saw many examples of staff knocking on patients doors before entering the bedrooms.

Patients were not able to lock their bedrooms on Brenin Ward, but were able to personalise their rooms. This restriction is appropriate.

In the nurses office on Ebbw Ward there was a patient status at a glance board¹ displaying confidential information regarding each patient being cared for on the ward. The blinds in this area were closed, ensuring that confidential information could not be seen from the patient areas of the ward. The patient board in Brenin Ward was located in the staff office and was suitably covered. This meant that the staff team were making every effort to protect patient confidentiality.

Patient information and consent

The hospital had a written statement of purpose and a patient information guide which was made available to patients and their relatives/carers. Upon reviewing the patient information guide, we saw that some information was inaccurate and referenced male patients. The information contained within the welcome to Hillview Hospital guide needs to be updated to reflect that the hospital is a female only hospital. The registered provider must review the current patient information guide to ensure that the content is accurate.

We noted that there was no information displayed on Brenin Ward to help patients and their families understand their care, as well as details about organisations that can provide help and support to patients and families affected by mental health conditions. There was also limited information on health promotion displayed and how to raise a complaint.

There was no information available on Brenin Ward on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales².

¹ A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

² Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. <https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>

Improvement needed

The registered provider must review the welcome to Hillview patient information guide to ensure that the content is accurate.

The registered provider must ensure that there is information displayed on each ward which includes statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint, and information on Healthcare Inspectorate Wales.

Communicating effectively

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

We attended a number of clinical meetings and it was evident that discussions focused on what was best for the individual patient. Where the patient was present at the meeting all staff engaged respectfully and listened to the patient's views and provided the patient with clear reasons for the decisions taken.

It was reassuring to see and hear professional discussions and debates taking place during meetings we attended. This demonstrated that every member of staff contributed to the intelligence and information process, and all staff views were considered and discussed when making an important decision on a patient's level of risk and needs.

Care planning and provision

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

We found that there was clear evidence of multidisciplinary involvement in patient care plans which helped support the hospital in being able to deliver comprehensive care to the patients.

Care plans were well structured, comprehensive, and detailed. Progress reports were also dated and signed by the patients. We also saw that care plans were person centred with support provided in a structured way to enable patients to

achieve individual goals. It was positive and reassuring to see the significant improvements made in relation to individualised and detailed care plans since our last inspection. These developments demonstrated that the registered provider is striving to make improvements to ensure that patients are receiving safe and effective care at the hospital.

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that patients' equality, diversity and rights were maintained. We saw that patients had access to the Independent Mental Health Advocacy (IMHA) service and the Independent Mental Capacity Advocacy (IMCA) service, when required.

Mental Health Act detention papers had been completed correctly to detain patients at the hospital and patients we spoke to during the inspection understood the reason for their detention and had some understanding about their rights and entitlements whilst at the hospital.

Citizen engagement and feedback

There were regular patient meetings to allow patients to provide feedback on the provision of care at the hospital. During meetings we attended we observed staff taking time to listen to patients concerns and we saw staff addressing concerns in a sensitive and respectful manner.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital. It was evident that that an independent person was assigned to investigate the complaint and actions were taken in line with the registered provider's complaint policy to ensure that complaints were dealt with appropriately.

Delivery of safe and effective care

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

There were established processes and audits in place to manage risk, health and safety, and infection control. This enabled staff to continue to provide safe and clinically effective care.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

However, some improvements were required in relation to management of medicines and accurately completing fluid balance charts.

Managing risk and health and safety

The hospital had established processes in place to manage and review risks and to maintain health and safety at the hospital. This enabled staff to continue to provide safe and clinically effective care.

Access to the hospital building was direct from the car park level which provided appropriate access for persons with mobility difficulties. The hospital grounds and entrance was secured to prevent unauthorised access.

The hospital was secured from unauthorised access by locked doors and an intercom system. Each patient had their own bedroom which they had supervised access to throughout the day which was risk assessed on an individual basis. The bedrooms provided patients with a high standard of privacy.

The hospital maintenance issues formed part of the daily staff handover meetings, this meant that any maintenance would be discussed during the meeting and any issues raised would be dealt with in an efficient and effective way. Throughout the inspection, we saw the estates team responding and undertaking maintenance work to rectify environmental issues.

Staff wore personal alarms and radios which they could use to call for assistance if required. There were also nurse call point around the wards and within patient bedrooms so that patients could summon assistance if required.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These identified potential ligature points and what action had been taken to remove or manage these.

There were weekly audits of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

Temperatures in most areas of the hospital was satisfactory, however the quiet room on Brenin Ward was very cold as the heater in that room had not been switched on. We also noted that the clock in the quiet room was not displaying the correct time. The registered provider must ensure that the clock in the quiet room is set to the correct time.

On the first night of our inspection we saw blood staining on the wall in the sensory room on Brenin which had not been cleaned. This is an infection hazard and impacts on patient dignity. This issue was highlighted to the nurse in charge who took immediate action to rectify this matter.

Improvement needed

The registered provider must ensure that the quiet room on Brenin ward is adequately heated.

The registered provider must make sure that the clock in the quiet room on Brenin ward displays the correct time.

Infection prevention and control (IPC) and decontamination

Dedicated housekeeping staff were employed at the service. All communal areas of the hospital were visibly clean, tidy and clutter free. There was access to hand washing and drying facilities throughout the hospital. Staff had access to Personal Protection Equipment (PPE) when required.

A comprehensive system of regular audit in respect of infection control was in place. Daily audits were completed and filed accordingly. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and they were aware of their responsibilities around infection prevention and control.

On the first night of our inspection, the clinical room in Ebbw Ward was quite untidy, there were items left on surfaces instead of being placed in their designated storage area. The registered provider must ensure that the clinical area is maintained to an appropriate level of cleanliness and is an organised

workspace. We also observed that the cleanliness of both kitchen environments was poor. The kitchen area and dining room on Brenin Ward had plates of food waste still out on work surfaces. The kitchen area upstairs in Ebbw Ward was also quite messy, the sink was dirty and the bin was overflowing and had not been emptied. The kitchen areas must be kept in better order and efforts made to dispose of food waste in a timely manner. It was positive to note that actions were taken during the inspection to rectify these issues.

Cleaning equipment was stored and organised appropriately. It was positive to note that following our previous inspection the registered provider was using disposable mop heads to reduce the risk of infection and the need to wash the mop heads.

There were suitable arrangements in place for the disposal of clinical waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled. We identified that a ward toilet next to the clinic room on Brenin Ward did not have a sanitary bin. The registered provider must ensure that there is a sanitary bin available in this toilet for patients use.

Improvement needed

The registered provider must ensure that the clinical area is clean and organised.

The registered provider must ensure that the cleanliness of the kitchen areas is maintained throughout the day and night shifts.

The registered provider must ensure that sanitary bins are available in the toilet next to the clinical room.

Nutrition

Patients were provided with their meals at the hospital. The hospital had a three week rotation menu with options for lunch and evening meals, this included gluten free options. Patients also had access to snacks and refreshments and some patients on Ebbw ward had access to facilities to prepare their own meals.

We reviewed a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake. We checked two patients' notes and within a sample of fluid balance (input/output) charts, we identified discrepancies where the charts had been poorly completed or were incomplete. The charts inspected did not provide sufficient information to clearly document the patients' consumption over a period of time. We highlighted this issue to the hospital director and through discussions

we were reassured that the individuals concerned did have access to appropriate fluids. The hospital director reviewed the current system and advised us that a further observation column would be included on the observation charts and further scrutiny by the management team would take place to ensure that staff are recording information correctly. We were satisfied that the newly proposed monitoring system would further assist staff in accurately recording the fluid intake of patients at the hospital.

Improvement needed

The registered provider must ensure that food and fluid charts are completed in full and accurately recorded.

Medicines management

Medication was stored securely with cupboards and medication fridges being locked and secure. There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature.

There were clinical audits in place at the hospital which assisted with the safe and effective management of medication. There was weekly external pharmacy input to the hospital, this included further audits that were undertaken that assisted the management, prescribing and administration of medication. However, we identified that there were areas of improvements required in medicine management.

On reviewing the Drugs Liable to Misuse (DLM) medication book on Ebbw Ward we identified that there was a stock value error, the medication book recording indicated that the balance for medication particular medicine was 110, however when we checked there were only 108 in stock. We immediately brought this to the attention of the nurse in charge and the registered manager. The registered manager immediately undertook an investigation and updated HIW following the completion of our inspection. HIW was satisfied that the drugs had been administered correctly and had been recorded in the patients Medication Administration Record (MAR) chart but had been incorrectly recorded and amended in the DLM book which made the count inaccurate. The hospital director has provided HIW with assurances that this matter has been addressed and additional training will be provided to staff.

We reviewed a sample of medication charts and the clinical rooms on both wards and found all to be correct with the exception of a small number of missing

witness signatures in the Controlled Drugs (CD) and DLM book on Brenin Ward. There were six missing signatures from the CD book between October and November 2019, and three missing signatures during November 2019 in the DLM book. This matter was brought to the attention of the hospital director and we were satisfied that this matter would be addressed with staff.

We observed staff discussing medication with patients and found that these discussions with the patients had been documented and recorded in the patients care and treatment plans.

The hospital uses a system for ordering medication and we saw that there was extensive stock available for emergency use. The external pharmacy visited weekly to oversee any medication use and the hospital complete the pharmacy audit tool to support safe practice.

The most recent British National Formulary was available for staff should they need to check information on any drugs. The drug administration policy was also available to staff in both clinic rooms.

Improvement needed

The registered provider must ensure that Drugs Liable to Misuse are accurately recorded in the DLM book.

The registered provider must ensure that Controlled Drugs and Drugs Liable to Misuse are accurately signed for by staff at all times.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required. During our inspection a safeguarding issue was raised during a multidisciplinary meeting. We observed that during this discussion the team clearly demonstrated knowledge on what constituted a safeguarding referral. It was also evident to see that the management team were working hard to develop and maintain a good working relationship with multi-agency partners. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their patients.

Medical devices, equipment and diagnostic systems

Weekly audits of resuscitation equipment were taking place and staff documented when these had occurred to ensure that the equipment was present and in date. There was a comprehensive selection of first aid supplies in the clinical area on Brenin ward which were easily accessible to staff.

There were a number of ligature cutters located on both wards in case of an emergency. During staff discussions it was evident that staff were aware of the locations of ligature cutters. There were up-to-date safety audits in place, including ligature point risk assessments.

Safe and clinically effective care

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the physical restraint of patients was used, but only as a last resort. There were safety pods³ available that staff could use to aid physical intervention with the patients. During the inspection we observed staff, professionally, calmly, and sensitively using a restraint technique. Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations. Any restraint that occurred during the previous 24 hours was reported and discussed at the daily meeting and then reviewed through the hospital's clinical governance structure.

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. However, as detailed within the report the registered provider needs to address the areas for improvement identified during the inspection and these are detailed, in Appendix B.

³ Safety Pod is designed to enhance the safety of physical interventions. These are typically large soft, and supportive "bean-bag" styled piece of furniture that can be used to place a patient upon to support physical interventions.

Participating in quality improvement activities

Links with local leisure centre, and community initiatives ensured that patients had access to courses and activities, enabling patients to participate in meaningful activities during their time at the hospital and when they are also on unescorted leave.

As previously highlighted in the safeguarding portion of this report, it was really positive to see that the hospital team were striving to develop strong working relationship with the local general hospital and community policing team. We were told of initiatives involving the community policing team who attended the hospital to meet and speak with patients.

The hospital manager also spoke to us about future plans to forge links with local colleges and universities in an attempt to encourage student nurses to gain employment at the hospital.

Information management and communications technology

The computerised patient record systems were well developed and provided high quality information on individual patient care. The system was comprehensive, and easy to navigate.

There were good electronic systems in place for incident recording, clinical and governance audits, human resources and other hospital systems, which assisted the management and running of the hospital. This was an improvement since our last visit.

We observed and inspected the tracking system used by staff to monitor DBS checks and through this system we saw evidence of pre-employment reference checks being undertaken. We were also told by staff that a new human resource recording and monitoring facility is due to be implemented which will capture and record all data electronically.

Records management

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

We reviewed a sample of patient records across the hospital. It was evident that staff from across the multidisciplinary teams were writing detailed and regular entries which provided a live document on the patient and their care.

We particularly liked the 'This is me Care Passport' which included key information such as, things you must know to keep me safe, things that are important and likes and dislikes of the patient. This demonstrated that the hospital made sure that health care professionals had a good understanding on information that was important to the patient.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across both wards and we also spoke to patients to ensure they had been provided with their rights and entitlements.

Staff that we spoke with were positive about the revised structure of the Mental Health Act administration team, since our previous inspection. Staff commented favourably on the training opportunities, and also the support for developing the team systems for managing the implementation of the Act.

Since our last inspection the hospital has assigned a deputy to undertake MHA administration duties during any absence of the full time MHA administrator; it was pleasing to see that this person already had knowledge of the Act. It was also pleasing to note that the MHA administrator had also been provided with a more conducive working environment in which to monitor the complexities of the act. We also noted that the hospital's full time MHA administrator was now participating in the all Wales Mental Health Act Forum which is a network of Mental Health Act administrators and representatives from HIW. The MHA administrator has also been supported by the hospital to attend training that is applicable to the role. However in order to build on improvements already made the MHA administrator should consider improved levels of communication with external teams, for example to ensure that patients have their Mental Health Review Tribunals and managers hearings in accordance with the timescales afforded by the Act.

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

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

We reviewed a sample of care files and found that they were generally maintained to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health. The patient records we viewed were both electronic and paper files which were well organised and easy to navigate.

There were comprehensive needs and risk assessments completed throughout the patient admission which directly linked to the plan of care and risk management strategies implemented on the wards. There was clear evidence of multidisciplinary involvement in the care plans which reflected the domains of the Mental Health (Wales) Measure.

The Wales Applied Risk Research Network (WARRN) assessments provided good summaries of personal and historical factors associated with risk. Risk management plans were also personalised and identified potential triggers for patients, enabling staff to identify changes in behaviours. It was really positive to see that care files clearly demonstrated patient involvement in care discussions which were patient focussed and signed by the patient.

We saw that staff were completing care documentation and risk assessments in full. Overall the nursing documentation viewed was very good and physical assessments were well completed. It was reassuring to see the significant improvements and developments made in patient care plans by the hospital team since our last inspection.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Hillview Hospital had effective processes and audit arrangements to support staff in maintaining safe and effective care.

There was a committed staff team who appeared to have a very good understanding of the needs of the patients at the hospital.

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

However, improvements are required in relation to maintaining accurate staff rota records.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

The Senior Management Team included a Hospital Director, a Director of Clinical Services, Medical Director, Support Services Manager, and Heads of: Psychology, Occupational Therapy and Social Work. Since our last inspection there has been a number of changes in the senior management team, however an established hospital structure was in place and through speaking with individuals it was clear that everyone understood their role and responsibilities within the governance structure. These senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery.

Dealing with concerns and managing incidents

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all patients' complaints for the hospital.

A sample of complaint records were looked at during the inspection to ensure completeness and compliance with the complaints policy. Complaints were predominantly managed via an electronic based method of logging and recording. The complaints process and associated actions were overseen by the hospital manager.

The hospital also had a complaints surgery which took place every week. The aim of the surgery was to provide advice and guidance to staff on how to manage and deal with complaint investigations. This forum also provided staff with appropriate data to identify trends and patterns of behaviour. This demonstrated that the hospital was committed to training, educating, and developing staff to ensure that complaints were being dealt with in an efficient and effective way, meaning that patients and families were not experiencing any unnecessary delays in complaints being resolved.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital.

Workforce planning, training and organisational development

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that completion rates were high. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details. Through reviewing staff training records we identified that some staff training namely, manual handling and Mental Health Act training was due to expire at the end of December 2019. It was reassuring to see that this issue had already been identified by administration staff who were already in the process of arranging this training.

Improvement needed

The registered provider must ensure that staff attend Mental Health Act training and Manual Handling training before the expiry date.

Workforce recruitment and employment practices

Whilst there were a number of registered nurse vacancies, there was evidence that the hospital was attempting to recruit into the vacancies. At the time of the inspection there were seven registered nurse post vacancies, three of which were being fulfilled by registered nurses who were presently on long term agency contracts with the hospital. There was also a shortfall in healthcare assistants and recruitment was ongoing at the time of our inspection. A new clinical psychologist had been appointed and was due to start working in that role in January 2020.

Where there were shortfalls in fulfilling rotas, due to vacancies or absences, the hospital would use agency staff to fill any gaps. During the first night of our inspection, staff we spoke with were unclear on staffing numbers for the wards and staff indicated that there were occasions where they felt staffing levels were too low. In addition a patient we spoke to highlighted some concerns around staffing levels, specifically relating to staff fulfilling enhanced and regular observations.

As a result of these issues being raised with the inspection team, and due to previous inspection concerns surrounding staffing numbers, we reviewed the staffing rotas extensively. The staff rotas that were initially provided highlighted a number of gaps where there were insufficient registered nurses working to satisfy the hospital's conditions of registration. We immediately brought this to the attention of the hospital manager and asked for evidence and explanation around the shortfalls we identified. The hospital manager was able to produce further evidence which, when reviewed, demonstrated that appropriate staff coverage was in place for all but one of the dates we highlighted and mitigating circumstances were accepted for the one shift where there was a shortfalls. During the course of reviewing the staff rota records, it became evident that additions to staff rotas were not always clearly reflected on the staff rota system, which explained the discrepancies in the initial records we reviewed. The registered provider must ensure that staff rota records are robustly managed and that any changes or amendments to staffing are accurately recorded. The registered provider must also make sure that staff feel adequately supported to

undertake their roles with sufficient staff being available to cover observation times.

As highlighted in the information management section of this report, it was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked. Therefore we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the heads of care. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital and we were assured that improvements had also been made in this area.

The hospital had a clear policy in place for staff to raise any concerns, this was displayed in the staff room. Occupational health support was also available to staff.

Improvement needed

The registered provider must ensure that staff rota records are robustly managed and that any changes or amendments to staffing are accurately recorded.

The registered provider must ensure that there are adequate staffing levels to maintain a safe environment at all times including additional staff to cover observation times.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
On the first night of our inspection we saw blood staining on the wall in the sensory room on Brenin which had not been cleaned.	This is an infection hazard and impacts on patient dignity	This matter was immediately brought to the attention of nurse in charge	The area was immediately cleaned.

Appendix B – Improvement plan

Service: Hillview Hospital
Ward/unit(s): Brenin and Ebbw Wards
Date of inspection: 2 – 4 December 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider must ensure that there is information displayed on each ward which includes statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint, and information on Healthcare Inspectorate Wales.	4.2 Patient Information	Notice boards have been placed on Ebbw, Brenin and Ty Seren wards to display statutory information, Mental Health Act information and Advocacy provision. Information on how to make a complaint and how to contact HIW is also displayed	Andrew Balmforth & Maintenance Team	By end of Friday 17 th January 2020 (Action complete)

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered provider must review the welcome to Hillview patient information guide to ensure that the content is accurate.</p>	<p>9. Patient information and consent</p>	<p>We will review the patient guide for Hillview to ensure that the content is accurate. Following a Family Forum held on 10th January 2020 where parents asked for additional information to be added to the guide, these amendments will also be made. The new version will also be available on our company website</p>	<p>Dr. Lisa Thomas-Gray – Head of MDT</p>	<p>Friday 31st January 2020</p>
<p>Delivery of safe and effective care</p>				
<p>The registered provider must ensure that the quiet room on Brenin ward is adequately heated.</p>	<p>22. Managing risk and health and safety</p>	<p>The issue with the heating in the quiet room on Brenin ward was resolved during the inspection. This room is used to support young people who are becoming emotionally dysregulated. At times, this can necessitate the use of safe holds. The young people have reported that they find a cooler room more comfortable during these periods. The service will continue to monitor the temperature of this room and take the feedback of the young people into consideration.</p>	<p>Maintenance and Ward Manager</p>	<p>Friday 24th January 2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		We are considering changing the name of the Quiet Room to 'De-escalation Room'		
The registered provider must make sure that the clock in the quiet room on Brenin ward displays the correct time.	12. Environment	We have sourced electric, digital clocks which will be placed on Brenin ward. These are currently on order	Steven Dyton-Thomas – Finance Director	Friday 31 st January 2020
The registered provider must ensure that the clinical area is clean and organised.	13. Infection prevention and control (IPC) and decontamination	Daily checks of all clinic rooms have been implemented. These will be carried out prior to shift handover and will be monitored by Ward Managers. We are also looking to create a physical health clinic area which would reduce the number of items stored in the clinic room	Brenin and Ebbw Ward Managers	Friday 31 st January 2020
The registered provider must ensure that the cleanliness of the kitchen area is maintained throughout the day and night shifts.	13. Infection prevention and control (IPC) and decontamination	The ward managers & unit coordinators will monitor the kitchen areas to ensure all food and plates are cleared away following mealtimes.	Brenin and Ebbw Ward Managers/Unit Coordinators	Friday 17 th January 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that sanitary bins are available in the toilet next to the clinical room.	13. Infection prevention and control (IPC) and decontamination	Our current provider of sanitary bins has been contacted to supply an additional bin for the toilet next to the clinical room on Brenin Ward. This had been removed due to a young person breaking the bin and using the parts to self-harm. Following reintroduction, the new bin will be risk assessed and monitored daily.	Neil Ormiston – Brenin Ward Manager	Friday 31 st January 2020
The registered provider must ensure that food and fluid charts are completed in full and accurately recorded.	14. Nutrition	Ward staff have been reminded of their responsibility to complete food and fluid charts. We have also implemented a process to check they are complete throughout the day and at the end of each shift. This will be carried out by the senior support workers and the nurse in charge	All support workers, monitored by the Nurse In Charge and Ward Managers	Friday 17 th January 2020
The registered provider must ensure that Drugs Liable to misuse are accurately recorded in the DLM book.	15. Medicines management	A Medication Management Competency document has been sent to all nurses at Hillview Hospital which they will complete and return to the Clinical Lead by the end of Friday 17 th January 2020	Andrew Balmforth – Clinical Lead	Friday 24 th January 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>We are implementing a system whereby controlled drug reconciliation is carried out during each shift change. The unit coordinators will be checking this process 4 times each week to ensure compliance. Ashton's Pharmacy also attend Hillview to carry out a medication audit on Monday of each week. The ward managers will carry out a full clinic audit monthly.</p> <p>Ashtons will provide controlled drug training with qualified nurses to ensure competency in this area.</p>		
<p>The registered provider must ensure that Controlled Drugs and Drugs Liable to Misuse are at all times accurately signed for by staff.</p>	<p>15. Medicines management</p>	<p>A Medication Management Competency document has been sent to all nurses at Hillview Hospital which they will complete and return to the Clinical Lead by the end of Friday 17th January 2020</p> <p>We are implementing a system whereby controlled drug reconciliation is carried out during each shift change. The unit coordinators will be checking this process 4 times each week to ensure</p>	<p>Andrew Balmforth – Clinical Lead</p>	<p>Friday 24th January 2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>compliance. Ashton's Pharmacy also attend Hillview to carry out a medication audit on Monday of each week. The ward managers will carry out a full clinic audit monthly.</p> <p>Ashtons will provide controlled drug training with qualified nurses to ensure competency in this area.</p>		
Quality of management and leadership				
<p>The registered provider must ensure that staff attend Mental Health Act training and Manual Handling training before the expiry date.</p>	<p>25. Workforce planning, training and organisational development</p>	<p>We have developed a staff training matrix to track our employees training, which includes dates of when training was completed. The training matrix is managed by the HR Department and data is inputted on a daily and weekly basis, which allows us to alert staff when they need to complete refresher, further and/or updated training. We have also introduced a new personnel management system which we are currently exploring to establish whether this programme will assist us in</p>	<p>Leeann Morris – HR Manager</p>	<p>Friday 17th January 2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		managing and identifying our staff training needs.		
The registered provider must ensure that rota records are robustly managed and that any changes or amendments to staffing are accurately recorded.	24. Workforce recruitment and employment practices	Both ward managers meet each morning and afternoon with the Bank Coordinator to ensure that the rota is accurate and reflects the staffing numbers required. The rota is published, and a printed copy issued to the On-Call Manager by 5 pm each day to allow them easy access to staffing information while they are away from the hospital	Ward Managers	Friday 17 th January 2020
The registered provider must ensure that there are adequate staffing levels to maintain a safe environment at all times including additional staff to cover observation times.	24. Workforce recruitment and employment practices	Recruitment for Health Care Workers and RMNs is on-going. Adverts are “open” and placed on our own website, with recruitment agencies, and on the job site Indeed, which attracts many applicants. We also place key/senior positions on targeted websites, e.g. NHS job site and specific recruitment agencies. Robust selection, short-listing and interviewing for prospective employees is a continuous process, with	Leeann Morris – HR Manager	Friday 17 th January 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>the aim of attracting high calibre candidates.</p> <p>We are managing our sickness absence and developing absence policy and procedures, to not only ensure that we are supporting staff when and where necessary but to reduce our sickness absence levels and to facilitate employees' return to work.</p> <p>As retention of staff is important to us, we carry out employee satisfaction surveys and we will shortly be conducting an employee engagement survey which will assist us in identifying areas that we may need to focus and improve upon. This will help us maintain a working environment that supports current staff remaining with our organisation.</p>		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): ERIC PWAMANG

Job role: Chief Executive Officer

Date: 17th January 2020