

Inspection Summary Report

Independent Mental Health Service Inspection
Report (Unannounced)

Rushcliffe Mental Health Hospital
Aberdare

Inspection date: 25, 26 and 27 September 2023

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This summary document provides an overview of the outcome of the inspection

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Staff interacted and engaged with patients appropriately and with dignity and respect. We found staff were committed to providing safe and effective care but noted that the hospital had a high number of permanent staffing vacancies which created additional pressure for staff.

Suitable protocols were in place to manage risk, health and safety and infection control. However, during our inspection we identified several immediate safeguarding risks which we raised to staff and were appropriately addressed during the inspection.

Patient care plans reflected individual needs and risks and were being maintained to a good standard but improvements were required to reflect the voice and involvement of patients in patient records. The statutory documentation we saw verified that the patients were legally detained.

Processes were in place for senior staff to monitor compliance with mandatory training, however, we were not provided with accurate staff training compliance data at the time of the inspection. We were later provided with training compliance data which evidenced that overall staff mandatory training compliance was generally high.



We did identify some additional areas for improvement but no areas of non-compliance with the regulations were identified during the inspection.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection at Rushcliffe Independent Hospital, on 25, 26 and 27 September 2023. Rushcliffe provides care for up to ten patients and at the time of our inspection there were seven patients being cared for in the hospital.

Our team for the inspection comprised of three HIW Healthcare Inspectors, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience

Overall Summary

Staff interacted and engaged with patients appropriately and treated patients with dignity and respect. Patients were provided with a range of therapeutic activities to support and maintain their health and wellbeing. However, the hospital's Occupational Therapist post was vacant and being recruited to at the time of our inspection. We found strong evidence that patients could engage and provide feedback about their care in a number of ways. Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

Where the service could improve

- Individual patient food cupboards should be labelled to display patient names for general awareness
- The registered provider's Statement of Purpose must be reviewed to ensure it contains relevant and up to date information
- The service should install information boards which inform patients, family and carers of changes made as a result of their feedback.

Delivery of Safe and Effective Care



Overall Summary

Staff appeared committed to providing safe and effective care. Suitable protocols, policies and processes were in place to manage risk, health and safety and infection control. However, we identified several safeguarding risks which were appropriately resolved during the inspection. Some examples included staff leaving the hospital's pool table and equipment unattended, insufficient pagers available to staff and the inclusion of restricted contact details within a care plan which was accessible to the patient concerned.

Patient Care and Treatment Plans were being maintained to a good standard but improvements were required to ensure the voice and involvement of patients is reflected in patient records. Robust procedures were in place for the safe management of medicines and we observed sensitive and appropriate prescribing of medication in accordance with patient needs. The statutory documentation we saw verified that the patients were appropriately legally detained. However, improvements were necessary to ensure patient detention was reviewed in a timely manner by Hospital Managers' review panels. Additional Mental Health Act (MHA) monitoring improvements were required in respect of MHA record keeping, mental capacity assessments and the provision of additional training for staff.

Where the service could improve

- Patient food and drinks must be appropriately labelled to display the opening date and use-by dates. Any outdated items must be discarded
- Patient therapeutic observation records must be reviewed by a qualified nurse on a four-hourly basis and the relevant documentation must be completed at the time
- An assessment of capacity must be conducted and documented before carrying out the care and treatment of patients
- The views of statutory consultees must be recorded to support medical treatment authorised by the Second Opinion Appointed Doctor
- Consent to Treatment forms must be completed and stored with corresponding patient medication records for staff awareness
- The service must implement additional Mental Health Act training and governance oversight for staff which includes Consent to Treatment provisions
- The service must ensure Hospital Managers' hearings are undertaken in a timely manner.

What we found this service did well

- We saw examples of good practice including the use of easy read and pictorial information to support patient understanding
- Patient rights were updated on a monthly basis as standard practice.



Quality of Management and Leadership



Overall Summary

We found established governance arrangements in place to provide oversight of clinical and operational issues. Staff told us that they felt supported in their roles and satisfied with their organisational management. Processes were in place to ensure staffing levels met the hospital's staffing templates but it was clear that the service required a high use of agency staff to fill vacant shifts, which placed additional pressure on staff. At the time of our inspection we noted a high number of permanent staffing vacancies and some staff told us they felt there were not enough staff to meet increased patient demand on the ward.

Processes were in place for senior staff to monitor compliance with mandatory training via the hospital's electronic training matrix. However, staff had difficulty in navigating and filtering the system to obtain accurate training data and the compliance statistics provided during the inspection were later found to be incorrect. Following the inspection we were provided with current training compliance data for staff which evidenced that overall staff mandatory training compliance was generally high. We were provided with assurances that there was a robust programme of governance oversight in place which ensured mandatory training was completed and regularly monitored.

Where the service could improve

- The service must ensure the hospital's staff meeting process is actively promoted and attended in order to capture staff feedback and act upon any issues raised
- The service must review the hospital's current staffing template to consider whether it continues to support effective patient care and staff welfare requirements
- The service must continue to actively focus on the recruitment of staff to outstanding permanent vacancies
- The service must review the hospital's training matrix to improve ease of navigation and ensure accurate retrieval of training compliance data
- The service provider must ensure staff are supported to complete outstanding mandatory training courses and update HIW upon completion.

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

