

**New Hall Independent Hospital
New Hall Road
Ruabon
LL14 6HB**

Inspection 2009/2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Inspection Date:	Inspection Manager:
19 & 20 November 2009	Mrs Helen Nethercott

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 New Hall Independent Hospital on the 19 and 20 November 2009 by an Inspection Manager and two HIW reviewers. The hospital was first registered in June 1998 and is currently registered to accommodate 25 male patients with mental health needs and / or learning disability who may be detained under the Mental Health Act 1983.

New Hall is a large detached property situated in its own grounds, on the outskirts of the village of Johnstown, near Wrexham in northeast Wales. The hospital is owned by MHC, a company that provide a range of learning disability and mental health services across North Wales. MHC is a subsidiary of the Castlebeck Group Ltd.

Prior to the inspection the registered manager submitted a comprehensively completed pre inspection questionnaire and supporting documentation. The inspection focussed upon the analysis of a range of documentation including the examination of patient records and discussion with a range of staff members and patients.

The company also submitted a range of pre inspection documentation in relation to the management of violence and aggression and disturbed behaviour.

The outcome of this review was positive. A recommendation from the review was to review the use of Time Out as it is referred to in documentation but there is no guidance policy for its use. Staff reported that there were very few incidences where they had to use restraint techniques as de-escalation techniques were successfully used most of the time. There was some confusion amongst staff in relation to time out and how this would be utilised in managing challenging behaviour. The registered person must ensure that patients encouraged to spend a period of time quietly are not in effect being secluded without the required checks and safeguards.

The main findings from the inspection are set out below:-

A comprehensive statement of purpose and patients guide was in place on the day of inspection. Patients reported that the patient guide was not always made available immediately on admission, but they reported that staff made them aware of its contents.

A suitable range of range of policies and procedures were in place that included the date of formulation and review.

The registered manager had been in post since January 2009, it was evident from observation and discussion with patients and staff that strong leadership for the service was being provided. The inspection team were introduced to the Head of Nursing who had commenced during the previous week and will undertake the role of clinical lead. The appointment of a clinical lead is a condition of registration because the registered manager is not a healthcare professional. The registered manager reported that there were no staff vacancies.

Various examples were provided of gaining the views of patients and inclusion of patients in decisions about the service provided at New Hall such as :-

- Awareness of their care plans and involvement in CPAs.
- 2 surveys had been conducted since the last inspection and the results and action plan were available.
- Friday meetings for patient to provide feedback and make suggestions.
- Showing visitors around
- Inclusion on interview panels for staff

The inspection team noted patients had individual activity plans and that they appeared to be appropriately and purposefully engaged.

Relationships between the staff team and the staff and patients appeared to be positive. The staff team appeared respectful and aware of dignity issues; however some examples were provided of a lack of respect from a minority of patients towards overseas staff. The registered manager explained that she had a number of strategies to deal with this as an ongoing management plan.

It was noted that clinical supervision and appraisal mechanisms were in place for all staff. The registered manager had completed a training needs analysis and was in the process of producing a training plan for the forthcoming year to meet the needs of staff. Staff also stated that they required updates on the revised Mental Health Act.

Maintenance and cleanliness were the two main areas identified for improvement, for example:-

- It was reported that patients clean their own bedrooms under the supervision and assistance from staff. Several areas particularly communal, shower and toilet areas were noted to have a less than acceptable standard of cleanliness.
- There was no cleaning schedule in place to provide a supporting 'deep clean' periodically (as required from 2006/2007 report).
- Patients from Alyn Ward (locked ward) reported that there were times when they used cleaning materials from the COSHH cupboard without the supervision of staff.
- The lighting levels in a number of communal areas appeared to be less than satisfactory.
- All extractor fans should be checked regularly for failure and cleanliness.

There are plans in the near future to refurbish Alyn and Tryfan Wards to upgrade the environment for patients. The rehabilitation kitchen would also benefit from replacement of working surface and the backsplash/tiled/grouted areas to provide a hygienic and easily cleaned working surface.

The Inspections Manager would like to thank the staff and patients for their time and cooperation during the inspection visit.

Achievements and compliance

There were 6 requirements from the previous report, which have all been met.

Registration Types

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

Description
Independent Hospital
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.

Condition number	Condition of Registration	Judgement
1.	<p>The number of persons accommodated in the establishment at any one time must not exceed 25 (twenty five) persons as specified below :-</p> <ul style="list-style-type: none"> a) Clwyd Ward – 8 beds - Intensive Nursing Support Unit b) Alyn Ward – 9 beds - Open Rehabilitation Unit c) Tryfan Ward – 6 beds - Intensive Rehabilitation Unit d) Bungalow – 2 beds Pre Discharge Unit 	Compliant
2.	<p>The registered person is registered only:</p> <ul style="list-style-type: none"> a) To provide subject to condition 4) below psychiatric treatment intended to rehabilitate males between the ages of 18 (eighteen) and 65 (sixty-five) years with a mental disorder. <p>Within a) above to accommodate persons who may be liable to be detained under the Mental Health Act 1983.</p>	Compliant

Condition number	Condition of Registration	Judgement
3.	<p>The registered person must not admit the following categories of patient:-</p> <ul style="list-style-type: none"> a) Persons who do not have a primary diagnosis of mental disorder. b) Persons in an acute, disturbed phase of their mental disorder. c) Persons who require care and treatment in conditions of medium or high security. d) Persons with a primary diagnosis of brain injury. e) Persons with a primary diagnosis of drug or alcohol abuse and who are undergoing a detoxification programme. f) Persons undergoing a detoxification programme for drug or alcohol misuse. g) Persons diagnosed with a medium or severe learning disability. h) Persons with a terminal illness requiring specialist palliative care. 	Compliant
4.	<p>The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose dated 1 April 2009 and as updated from time to time. Any changes to the minimum staffing levels must be agreed by healthcare Inspectorate Wales in writing, prior to those changes being introduced.</p>	Compliant
5.	<p>The Registered Manager must ensure that there is a suitably qualified experienced senior, Registered Nurse - Mental Health (Nursing and Midwifery Council Register), appointed to the position of lead nurse/clinician.</p>	Compliant

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	Met
C2	The treatment and care provided are patient – centred	Met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Met
C5	The terminal care and death of patients is handled appropriately and sensitively	Not assessed
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	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	Met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Met

Number	Standard Topic	Assessment
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Not assessed
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Not assessed
C13	Patients and personnel are not infected with blood borne viruses	Not assessed
C14	Children receiving treatment are protected effectively from abuse	Met
C15	Adults receiving care are protected effectively from abuse	Met
C16	Patients have access to an effective complaints process	Met
C17	Patients receive appropriate information about how to make a complaint	Met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	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	Not assessed
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Met
C21	Patients receive appropriate catering services	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	Met
C23	The appropriate health and safety measures are in place	Not assessed
C24	Measures are in place to ensure the safe management and secure handling of medicines	Met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Met
C26	Controlled drugs are stored, administered and destroyed appropriately	Met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Met
C28	Patients are not treated with contaminated medical devices	Not assessed
C29	Patients are resuscitated appropriately and effectively	Met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Not assessed
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Met
C32	Patients are assured of appropriately completed health records	Met

Number	Standard Topic	Assessment
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	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	Met

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	Met
M2	Communication Between Staff	Met
M3	Patient Confidentiality	Met
M4	Clinical Audit	Met
M5	Staff Numbers and Skill Mix	Met
M6	Staff Training	Almost met
M7	Risk assessment and management	Met
M8	Suicide prevention	Met
M9	Resuscitation procedures	Met
M10	Responsibility for pharmaceutical services	Met
M11	The Care Programme Approach/Care Management	Met
M12	Admission and assessment	Met
M13	Care programme approach: Care planning and review	Met
M14	Information for patients on their treatment	Met
M15	Patients with Developmental Disabilities	Met
M16	Electro-Convulsive Therapy (ECT)	Not assessed
M17	Administration of medicines	Met
M18	Self administration of medicines	Met
M19	Treatment for Addictions	Met
M20	Transfer of Patients	Met
M21	Patient Discharge	Met
M22	Patients' records	Met
M23	Empowerment	Met
M24	Arrangements for visiting	Met
M25	Working with Carers and Family Members	Met
M26	Anti-discriminatory Practice	Met
M27	Quality of Life for Patients	Met
M28	Patient's Money	Met
M29	Restrictions and Security for Patients	Met
M30	Levels of observation	Met
M31	Managing disturbed behaviour	Met
M32	Management of serious/untoward incidents	Met
M33	Unexpected patient death	Met
M34	Patients absconding	Met

M35	Patient restraint and physical interventions	Met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Met
M42	The Rights of Patients under the Mental Health Act	Met
M43	Seclusion of Patients	Met
M44	Section 17 Leave	Met
M45	Absent without Leave under Section 18	Not assessed
M46	Discharge of Detained Patients	Met
M47	Staff Training on the Mental Health Act	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. 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
C19	24(2)a & c	<p>Findings</p> <p>There were areas where standards of maintenance and cleanliness were not of an acceptable standard.</p> <p>0910/1 Action Required</p> <p>The registered person is required to put systems and processes in place to ensure all aspects of the service are maintained to a suitable standard of repair and cleanliness.</p>	31 January 2010

Standard	Regulation	Requirement	Time scale
M6, M47	17(2)a	<p>Findings A training needs analysis has been undertaken. Staff have identified areas where training / updates are required.</p> <p>0910/2 Action Required The registered person is required to provide a copy of the training plan with target dates for implementation to HIW once completed.</p>	31 January 2010
C7, M35, M43	44 & 8	<p>Findings There was a lack of clarity in terms of the use of Time Out, which could lead to staff secluding patients without the appropriate safeguards in place.</p> <p>0910/3 Action Required The registered person is required to review up date as necessary policies and procedures to ensure that members of staff consistently implement policies on management of violence and aggression in accordance with all legal requirements.</p>	31 January 2010

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.

No recommendations have been made.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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 the 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 © 2009 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