

**St David's Independent Hospital
Carrog
Corwen
LL21 9BG**

Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
8 February 2011	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An unannounced inspection was undertaken to St David's independent hospital on the 8 February 2011 by an inspection manager, one HIW independent healthcare reviewer and one Mental Health Act reviewer. The hospital was first registered in March 2007 having previously been registered as a care home. The hospital is currently registered to provide a service to 15 men with a learning disability who are liable to be detained under the Mental Health Act 1983. Patients accommodated may also have co-existing secondary conditions such as difficult or challenging behaviour, mental health problems, autistic spectrum disorder, Attention Deficit Hyperactivity Disorder (ADHD) or epilepsy. The service particularly focused on those with a borderline diagnosis of learning disability and the challenging behaviours often

associated around such a diagnosis. It was an 'open' service and was not registered to accommodate those who required any conditions of security. St David's Hospital is owned by Mental Health Care (St David's) Ltd and is a large detached premises set in its own grounds overlooking the River Dee outside the village of Carrog, seven miles from Llangollen in North Wales.

As part of the inspection process the registered provider submitted a completed self-assessment form and an extensive range of supporting documentation to demonstrate how they meet the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

A considerable focus of the inspection visit was in relation to a recent incident/accident that had occurred at the hospital where a patient had either jumped or had fallen from a first floor bedroom window. Following a review of this incident/accident regulatory requirements have been identified and these have been detailed within this report. These requirements were conveyed to the registered provider at the time of the inspection visit and an action plan has been received by HIW and many of the areas have subsequently been addressed. In addition, the registered provider had undertaken their own internal investigation and had implemented a number of recommendations as a result of this investigation.

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

- A comprehensive statement of purpose that had been updated in December 2010. In addition a patients' guide was also available.
- A system of care documentation that included a comprehensive admission assessment, a nutritional assessment and a risk management plan. Care plans were evaluated on a monthly basis and there was evidence that patients were involved in their care plans. However, patient notes were not

integrated into a single multi-disciplinary record and there were separate sections for the responsible clinician and social worker to record information. Patient information leaflets were available in relation to patients' rights under the Mental Health Act 1983. Care plans in relation to discharge and section 17 leave had been formulated and were appropriately detailed. Section 17 leave forms had been signed by the responsible clinical and the patient.

- A range of policies and procedures with the date of formulation and any updates.
- A staff training programme was in place and this covered a range of topics including; managing challenging behaviour, section 17 leave, the Mental Health Act 1983 and the Protection of Vulnerable Adults (PoVA). However, a significant number of staff had not attended training in what constitutes a complaint and the procedures for dealing with complaints.
- A range of activities/therapies were on offer including; bingo, arts and crafts, information technology, snooker and various community activities including; horse riding, ten pin bowling, canoeing, pub and cinema visits, swimming, countryside walks, cycling and camping. There was also a purpose-built rehabilitation centre within the hospital grounds that included a kitchen treatment area and a therapy room. Individual activity programmes were in place for patients.
- A number of areas had been subject to audit including: patient assessments and care plans, restraint package, clinicians training and the area of risk management and assessment. A number of recommendations were made following the audits and progress with the recommendations was documented. However, the audit programmes did not include: monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.
- A patient survey had been undertaken and the results had initiated some change in processes and practices at the establishment. Changes included an amended patient satisfaction questionnaire that enabled patients to complete the survey with no or minimal support from staff.

There was clear evidence that the management of specific patient conditions took account of the National Institute for Health and Clinical Excellence (NICE) guidelines. In respect of the other inspection findings a social worker was employed by the establishment and this was a very positive initiative.

There was a detailed admission policy and procedure; however, the registered provider must satisfy themselves that all admissions are appropriate and any risks clearly assessed and appropriate action taken.

In terms of patient restraint and physical interventions there was a summary register available detailing the number, specific details and the form of the restraint,

An advocacy service was available and an advocate visited the hospital on a frequent basis and held a 'surgery' that took place in the rehabilitation centre within the hospital grounds. Details of the service were displayed in the hospital. In relation to the area of complaints the procedure was also displayed. .

The catering service for patients provided a choice and variety of meals and there was a range of hot meals and fresh salads served throughout the week. A hot evening meal was provided every day of the week and fresh fruit and drinks were readily available throughout the day.

In relation to the environment, there was a dining room and two lounges and there were three separate areas of patient bedrooms and within each of these areas there was a bathroom. The majority of bedrooms were very personalised and access for patients was not restricted. However, there was no nurse call system installed in the patient care areas of the establishment including all patient bedrooms, toilets and bathrooms. In addition, it was also identified that the window restrictors were not sufficiently robust to withstand a significant impact. An action plan had been received and it was confirmed to HIW that these restrictors had subsequently been replaced.

Within a patient's property inventory documentation, a list was available but it did not contain the name of the patient or the date and lacked sufficient detail. It would

therefore be extremely difficult to ascertain the whereabouts of individual items in the event that they went missing. Therefore a more accurate and robust system must be implemented

The varying levels of observation for patients were clearly documented and a record maintained. However, the specific criteria for each level of observation was not sufficiently clear enough and staff had not received training in this area.

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

Achievements and Compliance

Within the previous inspection report two regulatory requirements had been identified, an action plan had been received by HIW and all of the regulatory requirements had been addressed.

In terms of achievements the establishment provided an extensive range of recreational and social activities and the rehabilitation centre, within the hospital grounds, provided a very useful and well used facility.

Registration Types

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

Description
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.	The total number of persons admitted to the establishment at anyone time must not exceed fifteen (15).	Compliant
2.	<p>The registered person is registered:</p> <ul style="list-style-type: none"> a) To provide rehabilitation treatment to male adults up to age of sixty five (65) years with a borderline to moderate learning disability. b) Subject to (a) above, to accommodate persons liable to be detained under the Mental Health Act 1983. 	Compliant
3.	<p>The registered person must not accommodate or admit the following categories of patients:</p> <ul style="list-style-type: none"> a) Persons who are in an acute phase of their mental disorder. b) Persons diagnosed with a profound learning disability. c) Persons who require care and treatment in secure mental health services. 	Compliant
4.	<p>This condition applies solely to the day centre premises within the establishment:</p> <ul style="list-style-type: none"> a) Individuals who are not admitted to the establishment in accordance with Condition 1 above may use the day centre as visitors. Such individuals must: b) <ul style="list-style-type: none"> I. Not exceed four (4) in number at any one time. II. Be accompanied by a minimum of two (2) workers with appropriate skills and experience to deal with their needs. III. Be subject to individual risk assessments relating to their use of the day centre, copies of such risk assessment records are to be kept at the establishment. 	Compliant

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self- assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviation:

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

Number	Standard Topic	Assessment
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard not inspected
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 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 not inspected
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not inspected
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses.	Standard not inspected.
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard met
C16	Patients have access to an effective complaints process.	Standard almost met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard almost met
C23	The appropriate health and safety measures are in place.	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard not inspected

Number	Standard Topic	Assessment
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard not inspected
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard not inspected
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 inspected

Service Specific Standards - these are specific to the type of establishment inspected

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework.	Standard not inspected
M2	Communication between staff.	Standard met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard almost met
M6	Staff training.	Standard not inspected
M7	Risk assessment and management.	Standard almost met
M8	Suicide prevention.	Standard almost met
M9	Resuscitation procedures.	Standard met
M10	Responsibility for pharmaceutical services.	Standard not inspected

Number	Mental Health Hospital Standards	Assessment
M11	The Care Programme Approach/Care Management.	Standard not inspected
M12	Admission and assessment.	Standard almost met
M13	Care programme approach: Care planning and review.	Standard not inspected
M14	Information for patients on their treatment.	Standard met
M15	Patients with developmental disabilities.	Standard met
M16	Electro-Convulsive Therapy (ECT).	Standard not inspected
M17	Administration of medicines.	Standard not inspected
M18	Self administration of medicines.	Standard met
M19	Treatment for addictions.	Standard not inspected
M20	Transfer of patients.	Standard met
M21	Patient discharge.	Standard met
M22	Patients' records.	Standard almost met
M23	Empowerment.	Standard met
M24	Arrangements for visiting.	Standard met
M25	Working with carers and family members.	Standard met
M26	Anti-discriminatory practice.	Standard met
M27	Quality of life for patients.	Standard met
M28	Patients' money.	Standard not inspected
M29	Restrictions and security for patients.	Standard met
M30	Levels of observation.	Standard almost met
M31	Managing disturbed behaviour.	Standard met
M32	Management of serious/untoward incidents.	Standard met
M33	Unexpected patient death.	Standard met
M34	Patients absconding.	Standard met
M35	Patient restraint and physical interventions.	Standard not inspected
M41	Establishments in which treatment is provided for persons liable to be detained - information for staff.	Standard met
M42	The rights of patients under the Mental Health Act.	Standard met
M43	Seclusion of patients.	Standard not inspected
M44	Section 17 leave.	Standard 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.	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Complaint
3 (Part I)	Period for which medical records must be retained	Compliant
3 (Part II)	Record to be maintained for inspection.	Complaint
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C4 & M4	16 (1)	<p>Findings</p> <p>The audit programmes did not include: monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p>	Within three months of receiving this report the clinical audit programme to be fully implemented.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that the audit programmes include: monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p>	
C16 & M5	17 (2) (a)	<p>Findings</p> <p>A significant number of staff had not attended training in what constitutes a complaint and the procedures for dealing with complaints.</p> <p>Action Required</p> <p>The registered person is required to ensure all staff receive training in what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report.
C22	24 (2) (b) & (d)	<p>Findings</p> <p>There was no nurse call system available in the hospital.</p> <p>Action Required</p> <p>The registered person is required to ensure that a nurse call system is installed throughout all patient care areas.</p>	An action plan must be received within 28 days of receiving this report of how this area will be addressed.
M7 & M12	15 (1) & 24 (2) (b) & (d)	<p>Findings</p> <p>A patient had recently either jumped or fallen from a first floor bedroom window.</p> <p>Action Required</p> <p>The registered person is required to ensure that all admissions are appropriate and any risks clearly assessed and appropriate action taken.</p>	Immediate and on-going.

Standard	Regulation	Requirement	Time scale
M8 & M30	15 (1) & 17 (2) (a)	<p>Findings</p> <p>The specific criteria for each level of observation was not sufficiently clear enough and staff had not received training in this area.</p> <p>Action Required</p> <p>The registered person is required to ensure that the specific criteria for each level of observation, is sufficiently clear and staff receive training in this area.</p>	Immediate and on-going.

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
M12	A patient's property inventory documentation should contain the name of the patient, the date and a sufficient description of the property listed.
M22	Patient notes should be integrated into a single multi-disciplinary record.

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.

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