

**Pinetree Court
904 Newport Road
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Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection date:	Inspection Manager No:
16 December 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

Pinetree Court provides a rehabilitation service for persons with a primary diagnosis of learning disability or autistic spectrum disorder who maybe liable to be detained under the Mental Health Act 1983.

Pinetree Court independent hospital is in a residential area on the outskirts of Cardiff. It is located in Rumney on the B4487. It is owned by Ludlow Street Healthcare Ltd.

The establishment was first registered with HIW in November 2007. The registration provides for accommodation of 28 patients from 3 units as follows:-

- a. Juniper Unit – 14 bed mixed gender unit.
- b. Larch Unit – 12 bed single gender unit.
- c. Cedar Lodge – 2 bed single gender unit.

On the day of inspection there were 24 patients accommodated at Pinetree Court, all of whom were detained under the Mental Health Act.

Since the last inspection the number of incidents of challenging behaviour requiring restraint had been extensive. It was also noted during the year that the website and glossy advertising literature were describing Pinetree Court as a low secure service. This was the subject of communication from HIW to the registered persons and confirmation was received that the literature has been amended to reflect the conditions of registration. Due to a combination of these factors the inspections manager felt that there was not sufficient assurance that there was compliance with the conditions of registration. The manager was asked to provide confirmation to HIW that all patients at Pinetree Court were suitable for a rehabilitation service and did not require treatment in a low secure service. HIW has since received confirmation from the registered persons

that patients were appropriately assessed and admitted to the service.

It was noted on inspection that the number of incidents involving restraint had significantly reduced following the appointment of the new Manager in October 2009. It was reported that this was due in part to the development of an intensive care area which provided a separate area for the care of up to 4 patients. It was recognized that this had been successful in reducing the number of incidents of challenging behaviour however HIW had not been informed of the commencement and operation of the unit and it was not reflected in the conditions of registration or the Statement of Purpose.

At the time of the inspection it was not clear whether the unit was intended as a temporary or permanent part of the service at Pinetree Court. It was agreed with the manager that a decision would be made by 31 March 2010 in relation to this aspect of the service, and that if it were to be a permanent service there will need to be an application to vary the registration of the establishment and full assessment of the fixtures, fittings and dimensions of the environment and associated policies and procedures. The need for a food trolley for the delivery of heated food in this area was identified as an immediate area for action as the food was being delivered in a large insulated food delivery box which was not suitable in terms of safe manual handling.

A range of policies and procedures were in place to support the operation of the establishment.

It was noted that resources had been directed to bring the supervision programme and mandatory training for staff up to date.

Discussions with members of the staff team outline plans for a comprehensive training programme that would include training in relation to the needs of patients currently accommodated at Pinetree Court.

There was a child visiting policy in place. However staff should have the knowledge to identify child protection issues both when visiting takes place and when escorting patients in a variety of scenarios in the community. Further awareness raising with staff would be beneficial.

Patients who were interviewed during the inspection reported that they were treated with dignity and respect by the staff team

The patients who were interviewed during the inspection reported that they had a programme of activities. Members of staff that were interviewed during the inspection reported that this was an area that had improved since the appointment of the new manager. The improvements made were considered to be a significant factor contributing to the reduction in the number of incidents requiring restraint.

It was noted that cold smoke seals on some doors would not prevent the escape of smoke from one area to another in the event of a fire as day light could be seen where the seal should have been in place.

Examination of a sample of health care records showed that there were comprehensive documented assessments from which care plans were developed. It was noted

that care plans had not been reviewed at the designated timescales on those records reviewed.

The inspection team would like to thank all staff and patients for their co-operation and assistance during the inspection.

Achievements and compliance

7 requirements for action were made on the previous report. 6 of the requirements had been met however the following requirement had not been complied with.

0809/1 HIW must be provided with

- A list of the clinical audits to comply with NMS completed from registration to 31/3/09.
- A copy of the action plan from each of these audits.
- A copy of the audit plan for the forthcoming year. – 2009-2010.

An audit plan was being developed and implementation was commencing, however reports on previous audit activity had not been received.

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 service type: Independent hospitals 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 number of persons accommodated in the establishment at any one time must not exceed 28 (twenty eight) as specified below:	Compliant

Condition number	Condition of Registration	Judgement
	<ul style="list-style-type: none"> a. Juniper Unit – 14 bed mixed gender unit. b. Larch Unit – 12 bed single gender unit. c. Cedar Lodge – 2 bed single gender unit. 	
2.	<p>The registered person is registered only</p> <ul style="list-style-type: none"> a. To provide, subject to condition 3) below, medical and psychiatric treatment intended to rehabilitate male and female adults up to the age of sixty-five (65) years with a primary diagnosis of learning disability or autistic spectrum disorder. b. Within a) above to accommodate persons who maybe liable to be detained under the Mental Health Act 1983. 	Compliant
3.	<p>The registered person must not admit the following categories of patients</p> <ul style="list-style-type: none"> a) Persons requiring care and treatment in a low secure, medium secure or high secure environment. b) Persons who have been diagnosed with a severe or profound learning disability. c) Persons whose primary need is treatment for drug and/or alcohol addiction. d) Persons who have been assessed as a high risk to children. 	<p>Insufficient assurance</p> <p>Assurance provided to HIW in letter dated 10 March 2010.</p>
4.	<p>The registered persons must only admit persons who have been subject to a full assessment as specified in the establishment's policies and procedures.</p>	Compliant

Condition number	Condition of Registration	Judgement
5.	The minimum staffing levels for the establishment will be provided as specified in the agreed Statement of Purpose (Version 4.1) dated 20 January 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.	Compliant

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

Condition number	Findings and action required	Time scale
3	<p>Findings: The website and glossy advertising literature were describing Pinetree Court as a low secure service. The number of incidents of challenging behaviour requiring restraint had been extensive since the last inspection.</p> <p>Action required: The registered persons are required to confirm that all patients accommodated at Pinetree Court since first registration have not required and have not have services commissioned from Pinetree Court to provide treatment or accommodation in a secure environment.</p>	15 March 2010 (Completed 11 March 2010)

Assessments

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

In assessing each standard we use four outcome statements:

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

Assessments and Requirements

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

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient – centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard met
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 met

Number	Standard Topic	Assessment
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 met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard not assessed
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost 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 assessed
C24	Measures are on place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard not assessed
C29	Patients are resuscitated appropriately and effectively	Standard not assessed
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard not assessed
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met

Number	Standard Topic	Assessment
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 assessed

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 assessed
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard almost met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard met
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard met
M14	Information for patients on their treatment	Standard met
M15	Patients with Developmental Disabilities	Standard met
M16	Electro-Convulsive Therapy (ECT)	Standard not assessed
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard not assessed
M19	Treatment for Addictions	Standard not assessed
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard 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	Patient's Money	Standard met
M29	Restrictions and Security for Patients	Standard met

M30	Levels of observation	Standard met
M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met
M33	Unexpected patient death	Standard not assessed
M34	Patients absconding	Standard met
M35	Patient restraint and physical interventions	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained – Information for Staff	Standard met
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard met
M44	Section 17 Leave	Standard met
M45	Absent without Leave under Section 18	Standard not assessed
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	Compliant
3 (Part I)	Period for which medical records must be retained	Compliant
3 (Part II)	Record to be maintained for inspection	Compliant
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
C21, C23	8(1)e	<p>Findings Meals were being delivered to the intensive care area in large box that was difficult to handle. It was agreed with the manager that a suitable food trolley should be provided to deliver food to this area.</p> <p>Action Required 0910/1 The registered person is required to ensure that all risks associated with the delivery of catering to the intensive care unit are appropriately managed in accordance with the establishment's policies and procedures.</p>	15 March 2010
C19	24(1)	<p>Findings An intensive care area had been developed to cater for a small group of patients with more unpredictable behaviour.</p> <ul style="list-style-type: none"> • The changes to the service were not reflected in the statement of purpose. • Changes had been made to the use of rooms to be occupied by patients without building regulations approval. <p>Action Required 0910/2 The registered person is required to ensure that the design and layout of the rooms are suitable for the purposes for which they are to be used and are suitably equipped and furnished.</p> <p>0910/3 The registered person is required to keep under review the statement of purpose and patient guide and when ever practical notify HIW of any such revision at least 28 days before it is to take effect.</p>	<p>31 March 2010</p> <p>Discussed with Manager during inspection Immediate and ongoing – 31 December 2009</p>

Standard	Regulation	Requirement	Time scale
C22	17(2)a	<p>Findings Training has not included child protection training which is important when visiting and using community leave.</p> <p>Action Required 0910/4 The registered person is required to ensure that all members of staff receive training in child protection tailored to the type of scenarios staff are likely to find themselves in.</p>	30 April 2010
	Section 11 Care Standards Act 2000	<p>Findings A new manager was appointed to manage Pinetree Court at the end of October 2009. The manager of Pinetree Court has not submitted an application to be registered to HIW.</p> <p>Action Required 0910/5 The manager is required to be registered to manage the establishment and must submit a properly completed application by 15th March 2010.</p>	15 March 2010 (Application received 16th March 2010).
C19, C23	8(1)e, 24(2)d,	<p>Findings It was noted that the smoke seals on a number of doors would not prevent the escape of smoke in the event of a fire.</p> <p>Action Required 0910/6 - The registered person is required to ensure that all smoke seals in the establishment are fit for purpose, and that this is part of future monitoring by the maintenance team.</p>	Immediately - 31 December 2009

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.

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