

**Plas Coch Independent Hospital
Rhyl Road
St Asaph
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Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager:
16 & 18 September 2009	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 Plas Coch on 16 September 2009 by an Inspection Manager and two HIW reviewers, a further follow up visit took place on 18 September. The hospital was first registered in December 2001 and is currently registered to take 24 females with mental health needs and / or learning disability who may be detained under provisions of the Mental Health Act 1983. Mental Health Care (Plas Coch) Ltd is a subsidiary of Castlebeck Group Ltd. It is located off the A525 on the outskirts of St. Asaph, near Rhyl in North Wales.

Prior to the inspection the acting manager submitted a comprehensively completed pre-inspection questionnaire. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the acting manager, members of staff and a number of patients.

In addition the company submitted a range of documentation in relation to the management of violence, aggression and disturbed behaviour. The outcome of this review was positive and 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. 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.

A number of issues were identified at the time of the previous inspection and a multi

agency meeting was held after the inspection. This meeting included senior managers, to address the concerns raised. An action plan was agreed and improvements in relation to this have been closely monitored by HIW. It was noted that although progress in the early part of the year had been made there were significant improvements since the appointment of the acting manager. For many areas there were plans in place that once actioned will demonstrate compliance with the National Minimum Standards, the statement of compliance with standards is based on the findings on the day and it is expected this will improve once the plans described have been implemented. The main areas of note from the inspection are set out below.

A basic training plan was in place with plans to introduce more patient specific training. A range of policies and procedures for the operation of the establishment were in place, however discussion with members of staff revealed that there was no mechanism in place to ensure that all staff has read these policies although they said they would be able to find them on the company's intranet. There was no evidence of mechanisms to assess the knowledge of members of staff against policies and procedures.

Patients reported that they were generally treated with dignity and respect. Patients are able to raise issues at regular meetings on the ward and they were all able to describe how they would raise a complaint. Choices were sometimes limited in areas where it appeared they did not need to be. There should also be more formal mechanisms on an ongoing basis to gather the views of patients on the quality of the service provided at Plas Coch.

It was noted that diet nutrition and exercise were significant issues for the majority of patients which required addressing both individually and for Plas Coch as a whole.

Feedback from patients on the catering provision was not generally complimentary although patients stated that fresh fruit was available each day. There was no link between menu planning and nutritional assessments. It was evident from feedback that quality monitoring of catering supplies had only recently begun. Arrangements should be in place to monitor the quality of all contracted services. The manager reported that on the day before the inspection a full review of the catering provision had commenced by a senior member of the staff from Castlebeck (the holding company for MHC). It was also reported that there were plans to relocate the dining room brighter more spacious area, as the current dining room is small with no natural day light.

Staff reported that the patient record files had been restructured prior to the inspection. The files randomly observed were noted to be in good order with papers filed neatly. On the files observed however there was very little reconciliation between the multi disciplinary team's (MDT) Care Programme Approach (CPA) plan of care and the nursing care plan. Whilst there was evidence that the care plan had been evaluated regularly the nursing care plan observed needed to be brought up to date. Feedback to MDT members of the day of the inspection included the need for the CPA care plan to be more focussed on the therapeutic purpose and intended outcome for planned activities rather than the activity in itself. Care plans also needed to include the methods to be used by staff in managing challenging behaviour so that all staff were able to manage such situations consistently.

Activity programmes were reported to be in place for patients; however there was little evidence of individually tailored activity plans. Several staff reported that activities were not taking place due to the lack of an Occupational Therapist. A number of patients

reported that they went to bed in the early evening due to boredom. On the Coach House the television programmes were controlled by staff during the day – it was observed that the MTV channel was on and staff reported this was the only channel on during the day prevent the television from interfering with other activities. Activity plans for patients should be tailored to the individual and also provide for evenings and weekends.

Dinorbern Ward was described as a locked ward and a policy was in place to support this. However on the day of inspection staff agreed that the majority of patients did not require the provision of a locked environment. There must be provision to ensure that patients do not have unnecessary restrictions on their liberty and that areas are only locked when it is necessary to do so. Staff had not received training on the Deprivation of Liberty Safeguards (DOLS).

There had been a significant turnover of staffing since the previous inspection. Use of agency staff had been high although it was reported that this was limited to a number of known staff wherever possible to maintain continuity. Interviews with some of the agency staff revealed that they had not all received the basic training. At the time of the inspection the manager was able to report that appointments had been made to the majority of vacancies, however start dates were influenced by CRB checks and induction programmes. There was a heavy reliance in 'acting up' posts and this should be resolved as soon as possible.

The housekeeping team had three members of staff; however two of these staff were not in work on the day of the inspection. It was reported that the housekeeping staff worked in the mornings Monday to Friday. The manager reported plans to implement a service with better coverage throughout the week. This appears to be much more in keeping with the needs of the patient group.

There appeared to be significant reliance on care support staff to maintain the cleanliness of patient bedrooms. Such activities should be focussed on supporting patients in developing rehabilitation skills and not substituting shortfalls in the housekeeping team.

There were arrangements for advocacy services in place however there appeared to be an ongoing confusion from at least one family on how to access this provision.

The environment was generally in good decorative order; however some fittings are in need of replacement and upgrading such as the bathroom and shower facilities. It was noted that many of the ventilation fans in the bathrooms were not working. Upgrades need to be factored into ongoing maintenance plans.

An up to date ligature risk assessment was not in place however this had been commissioned from an external agency.

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

Achievements and compliance

There were 9 existing requirements and 1 new requirement from the previous inspection report. 4 of these requirements still await confirmation of completion by the registered provider.

- 0607/a Confirmation required that all patients were assessed to determine literacy and numeracy by 30/09/09.
- 0607/g A review of the statement of purpose to minimise the compromise in quality of service caused by inappropriate mix of inpatients cared for in the same areas. Due for completion 31/12/09.
- 0607/r The resuscitation policy must correlate with the rapid tranquillisation policy. Confirmation is required that training and equipment are in place to safely and effectively implement both policies. Date for completion 30/11/09
- 0708/10 A photograph of each patient to be attached to the MAR sheet. Date for completion 30/11/09

A number of concerns were identified following the previous inspection. An action plan was developed in response to the issues and resources allocated to support the action plan.

At the time of inspection a new manager had recently been appointed. The inspection team were impressed by the drive and motivation of the new manager to address the remaining issues.

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 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 total number of persons accommodated at any one time must not exceed Twenty-Four (24), and all must be female adults.	Compliant
2.	Subject to Condition 3 below accommodation at the establishment may only be provided to persons aged between 18 and 64 years.	Compliant

Condition number	Condition of Registration	Judgement
3.	3 (three) females over the age of 64 years may be accommodated as named in a separate confidential letter dated (5 October 2007). They are referred to hereafter as A, B & C.	Compliant
4.	The named nurse for A, B & C must be a registered nurse with at least 5 (five) years experience in working with those over 65 years of age. (Refer to National Minimum Standard C10).	Non compliant
5.	The Care Programme Approach reviews for A, B & C must be held at not less than 6 (six) monthly intervals, and must assess whether the identified needs can continue to be met at Plas Coch. (Refer to National Minimum Standard M13).	Compliant
6.	In the event of a sudden change in needs for these individuals, a Care Programme Approach review meeting must be held within 10 (ten) working days.	Compliant
7.	Any further applications to accommodate persons over the age of 64 years must be supported by a comprehensive review of the statement of purpose for Plas Coch	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
4	<p>Findings: Not all the named nurses had the experience to meet the condition.</p> <p>Action required: All named nurses must have suitable experience to plan appropriate care for older persons.</p>	The named nurse arrangements were changed as of the day of the inspection to be compliant with this condition.

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 almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard almost met
C4	Patient 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 almost met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard 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	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
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

Number	Standard Topic	Assessment
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 met
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 almost 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 in place to ensure the safe management and secure handling of medicines	Standard not assessed
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard not assessed
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not assessed
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard not assessed
C28	Patients are not treated with contaminated medical devices	Standard not assessed
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard almost met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard almost met

Number	Standard Topic	Assessment
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 met
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 almost met
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 met
M11	The Care Programme Approach/Care Management	Standard not inspected
M12	Admission and assessment	Standard not inspected
M13	Care programme approach: Care planning and review	Standard almost met
M14	Information for patients on their treatment	Standard met
M15	Patients with Developmental Disabilities	Standard not inspected
M16	Electro-Convulsive Therapy (ECT)	Standard not inspected
M17	Administration of medicines	Standard not inspected
M18	Self administration of medicines	Standard not inspected
M19	Treatment for Addictions	Standard not inspected
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard not met
M23	Empowerment	Standard almost met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard met
M26	Anti-discriminatory Practice	Standard almost met
M27	Quality of Life for Patients	Standard almost met
M28	Patient's Money	Standard met
M29	Restrictions and Security for Patients	Standard almost 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 inspected
M34	Patients absconding	Standard met

M35	Patient restraint and physical interventions	Standard almost met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Standard not inspected
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard almost met
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 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	Needs to be updated in light of appointments and changes to service.
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
C2, C3, M26, M27,	14(1)a 15(3)	<p>Findings Patients complained of boredom and there was little evidence of activity plans tailored to meet the needs of individuals.</p> <p>0910/1 Action Required The registered person is required to ensure that each patient has an activity plan to meet their individual needs that also makes provision for healthy choices wherever possible.</p>	31 Dec 2009
C3, C21, C30,	14(7)	<p>Findings Exercise, nutrition and diet were noted to be an issue for the majority of patients. Feedback from patients on catering provision indicated the need for improvement and a review of the service had commenced.</p> <p>0910/02 Action Required The registered person is required to provide a report from the review of the catering service and an action plan to address the findings.</p>	30 Nov 2009
C6, M4	16(3)	<p>Findings Whilst there was the opportunity for patients to raise concerns / provide feedback at regular ward meetings there was no formal mechanism to capture their views of the quality of the service at Plas Coch.</p> <p>0910/03 Action Required The registered person is required to describe and implement a system for patients to contribute to reviewing the quality of treatment provided at Plas Coch.</p>	31 Dec 2009
C7, M6, M35, M47	17(1)&(2) 8(1),(2)&(3))	<p>Findings It was noted that some of the agency staff had not received training on management of CPI or completed the induction programme. Generally staff were not aware of DOLS issues. A training plan had commenced to incorporate patient specific learning for staff.</p>	30 Nov 2009

Standard	Regulation	Requirement	Time scale
		<p>0910/4 Action Required The registered person is required to ensure that all members of staff receive an appropriate induction and training relevant to the needs of the service. Wherever possible training should also be linked to implementation of agreed policies and procedures.</p>	
C19	24(2)	<p>Findings Some bathroom / ensuite areas are in need of refurbishment and upgrading.</p> <p>0910/5 Action Required The registered person is required to submit a plan and timescales for the refurbishment of bathroom/ ensuite fixtures and fittings.</p>	30 Nov 2009
M7, M8, M29	15(1) 43(1)&(2)	<p>Findings It was noted that doors were locked and access restricted where it may not always be necessary, causing undue restriction for persons especially those not detained under the MHA.</p> <p>0910/6 Action Required The registered person is required to implement systems and processes to be assured that each patient accommodated in locked areas requires such an environment and is not subject to excessive restriction on their liberty in relation to their assessed needs.</p>	30 Nov 2009
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>0910/7 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>	30 Nov 2009

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
C32, M13, M22, M35	The care plan produced by each profession for the individual patient must clearly contribute to the delivery of the CPA treatment plan. All treatment and care plans must be focussed on purposeful therapeutic activity rather than just the activity. Nursing care plans must be updated to be detailed and realistic. Care plans should incorporate management plans in the event of violence and aggression.
C7	All staff to read the policies and procedures relevant to their work area and sign a statement to this effect.
M5	Care support staff must not be used to supplement shortfalls in the housekeeping team.
M8	A copy of the ligature risk assessment to be provided to HIW once completed.
M23	The arrangements for advocacy to be publicised so that patients, relatives and staff are aware of the availability.

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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