

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

INSPECTION REPORT Private and Voluntary Healthcare

**Pinetree Court
904 Newport Road
Rumney
Cardiff
CF3 4LL**

Date of Inspection

15 December 2008

Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road, Caerphilly,
CF83 3ED

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.

INSPECTION REPORT

Inspection Episode: **April 2008 to March 2009**

Healthcare Provision:	Pinetree Court Independent Hospital
Contact telephone number:	02920 365560
Registered Provider:	Ludlow Street Healthcare Ltd
Responsible Individual:	Steve Bartley
Registered Manager:	Helen Rees
Number of places:	28
Category:	A rehabilitation service for persons with a primary diagnosis of learning disability or autistic spectrum disorder who may be liable to be detained under the Mental Health Act 1983.
Date of first registration:	6 November 2007
Date of publication of this report:	29 th July 2009
Date of previous published report:	N/A This is the first inspection report.
Lead Inspector:	Helen Nethercott
Specialist Inspectors/Advisors:	Mary Browning – HIW reviewer Ann Jenkins – HIW reviewer

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the service's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW's Inspectors are authorised to enter and inspect healthcare services at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities, self- assessment and the use of questionnaires. HIW try to find the best way of capturing the experience of patients, their relatives/representatives and staff employed within the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the service. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The service's own statement of purpose

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. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

The Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the Healthcare Inspectorate Wales web site: <http://www.hiw.org.uk/>

OVERALL VIEW OF THE HEALTHCARE SETTING

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 previously a guide dog training centre for the blind, but was converted and refurbished and was first registered with HIW in November 2007.

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

Accommodation for 28 patients was provided from 3 units

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

Pinetree Court is not registered to admit the **following categories** of patients

- 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.

On the day of inspection there were 17 patients accommodated at Pinetree Court, all of whom were detained under provisions of the Mental Health Act.

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

METHODOLOGIES USED IN THIS INSPECTION

The main inspection process was undertaken over the course of two days, with the Inspections Manager and HIW reviewers gathering information. The Registered Manager was Helen Rees and members of staff were involved in the process and were open and professional in approach.

Information was collated via analysis of documentation made available prior to and during the inspection, discussion with the staff team, a tour of the establishment and discussion with a number of patients who were present.

A number of the care plans were scrutinised. Other aspects of methodology used during the inspection included direct observation of care and other practices.

This was the first inspection report for Pinetree Court. A physical viewing of the premises and grounds was undertaken and an examination of policies, procedures, information leaflets, maintenance certificates and records. The viewing included, by the agreement and invitation of occupants, the general condition of individual rooms. Communal areas, the laundry, bathroom and lavatory areas were also viewed.

The premises were inspected primarily against the Private and Voluntary Health Care (Wales) Regulations 2002, in addition to the core National Minimum Standards for Private and Voluntary Healthcare services. These standards were also supplemented by the service specific standards for mental health establishments, including the standards for establishments where persons may be detained under provisions of the Mental Health Act 1983

INFORMATION PROVISION

Inspector's findings:

Statement of Purpose

A statement of purpose was developed for registration that met regulatory requirements.

Patient Guide

A patient guide had been produced. Staff reported that information for those with a lower level of ability had not yet been developed. Staff reported that they explain any information that patients may not understand.

Notice Boards

Notice boards on each of the wards displayed a variety of information about activities.

Arrangements for visiting

Arrangements for visiting were described in the statement of purpose.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

QUALITY OF TREATMENT AND CARE

Inspector's findings:

Clinical Governance

Structures to support clinical governance were in place and a clinical governance committee had been established.

Staff were advised that processes must be developed to monitor quality within the establishment that should include the following areas.

- Clinical audit
- The presentation of performance indicators
- Outcomes of clinical and nursing audits
- The use of comparative information on clinical outcomes
- Evaluation against research findings and evidence based practice
- Effective information and clinical records systems
- The identification and recording of respective and common responsibilities of the team
- Procedures for identifying and learning from adverse health events and near misses
- The complaints procedure

It was reported that a senior manager had been appointed to coordinate a clinical audit programme. The inspections manager advised that the main focus of audit should be to on outcomes for patients.

Policies and procedures

Policies and procedures were developed to meet the requirements for registration. There was evidence that staff had signed to say they had read some, but not all policies.

Appendix 2 of the Mental Health Act Code of Practice for Wales issued in November 2008 includes a list of policies and procedures required for appropriate implementation of the act. As Pinetree Court is registered to provide care and treatment for those detained under the Mental Health Act, the registered persons must provide evidence to HIW that these policies and procedures were in place.

Care Programme Approach

There was evidence of implementation of The Care Programme Approach (CPA).

Patient Centred Care

There were 17 patients accommodated on the day of inspection all of whom were detained under the Mental Health Act.

Juniper Unit had 11 patients accommodated

Larch Unit had 6 patients accommodated

Cedar Lodge was empty.

Staff described a structured day for patients with some of the patient attending college courses. Members of staff reported that patients had a mixture of 1-1 activities and group activities at Pinetree Court.

The staff reported that there was a six week programme of activities for each unit. At the end of the six week period the activities would be reviewed. It was reported that this had commenced in October 2008.

On the day of inspection there was a craft group underway in the dining room on Juniper Unit.

Advocacy

There were arrangements in place for advocates from Advocacy Matters to provide advocacy for patients.

Privacy, dignity and choice

Discussion with both staff and patients provided evidence that patients are treated with dignity and respect.

Patients interviewed on the day of inspection said they were involved in peroration of their care plan. They did however complain that there were limited choices in relation to their diet.

Access to drinks and snacks other than at meal times appeared to be significantly restricted as all items were locked away and could only be accessed by a member of staff. The staff team should give consideration to ways in which patients may have a greater amount of choice as part of the rehabilitation process.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/1 HIW must be provided with <ul style="list-style-type: none"> • 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. 	31 July 2009	Regulation 16 Standards C4, M4
0809/2 HIW must be provided with evidence that choice regarding dietary intake is maximised for each patient..	31 July 2009	Regulation 15(1), 14(7) Standard M27.5
0809/3 HIW requires confirmation that all policies and procedures as required by Appendix 2 of the MHA Code of Practice for Wales have been issued and are being implemented.	31 July 2009	Regulation 8(1) Standards M41 – M47

MANAGEMENT AND PERSONNEL

Inspector's findings:

Registered Manager & Responsible Individual

The registered manager, Helen Rees, had the appropriate experience and qualifications for the post. The responsible individual was Steve Bartley, who was supported in this role by an area manager.

Regulation 25 visits

The responsible individual or a nominated suitable person in accordance with the regulations is required to visit each registered establishment at least every three months to undertake specific quality monitoring checks. Following the visit a report must be produced a copy of which must be provided to HIW. HIW had not received any reports in relation to Pinetree Court.

Human Resource Policies

Human resources (HR) policies reflected current legislation and there were dedicated staff at the Head Office in Cardiff to support HR matters.

Staffing & Recruitment

The staffing complement for Pinetree Court was described in the statement of purpose.

The registered manager reported that two newly qualified staff had been recruited. A 4 month preceptorship pack had been developed for these staff who would be supervised by the Unit Leaders. The registered manager reported that newly qualified staff were not in charge of the units and were always on shift with a more experienced nurse until they had completed their preceptorship.

Supervision and Training

The registered manager explained that all staff undertook a company induction.

It was reported that supervision should take place 8 weekly however in practice the time intervals varied.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/4 HIW must receive reports as required by Regulation 25 at least 3 monthly.	31 July 2009	Regulation 25

COMPLAINTS MANAGEMENT

Inspector's findings:
<u>Complaints</u> There was a complaints policy in place.
<u>Information on complaints</u> Information on complaints was available to patients.
<u>Whistleblowing policy</u> There were arrangements for concerns to be raised within the organisation.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

PREMISES, FACILITIES AND EQUIPMENT

Inspector's findings:
<u>Description of premises</u> Pinetree Court independent hospital is in a residential area on the outskirts of Cardiff. It is located in Rumney on the B4487. The establishment was converted from an establishment that was previously a guide dog training centre for the blind and was first registered with HIW in November 2007.
<u>Externally</u> There was designated parking to the front and sides of the property and a garden area to the rear and side of the premises.
<u>Internally</u> The main entrance was in the centre of the building and included a reception area from which a meeting room and visitor's room was accessed. The main patient areas were located on either side of the reception area. Accommodation for up to patients was located in 3 areas. Larch – was a 14 bed Juniper – was a 12 bed There was a 2 bed house in the grounds where patients could move on to more independent living whilst continuing to be supervised by the multi disciplinary team at Pinetree Court All the communal rooms were located on the ground floor with the bedrooms on the first floor. Each bedroom was fitted with a washbasin and a range of co-ordinated furniture. Separate bathrooms, shower rooms and toilet areas were available.

The communal areas included a lounge/TV area, dining room and quiet room. Activity rooms were located in the connecting corridor which were outside the main patient area. At the time of registration the registered person indicated that these rooms would be available for patients to use during evenings and weekends but this did not appear to be happening. The Inspections Manager stated that this would be followed up on subsequent inspections.

Maintenance

There was a maintenance team employed by Ludlow Street Healthcare. All areas were newly decorated at the point of registration.

Housekeeping

There was a team of housekeeping/ laundry staff. All areas appeared clean and tidy.

Kitchen and Catering

The main kitchen was inspected by the environmental health department at the point of registration.

Certificates

Relevant certificates were on display for the establishment.

Fire

An appropriate fire risk assessment was in place that had been reviewed by the Fire Safety Officer from the South Wales Fire Service.

Equipment

There were contracts in place for servicing the lifts and other equipment.

Clinical Waste

Contracts were in place for the removal of clinical and pharmaceutical waste.

Outbuildings/ gardens

The gardens were becoming established, but were well maintained.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

RISK MANAGEMENT

Inspector's findings:

Risk Management Policy

There was a risk management policy in place for the establishment.

All patients had a risk assessment to support their care plan.

The registered manager reported that a new risk assessment was being used – the Security Needs Assessment Profile (SNAP). This was being used to assist in determining the appropriateness of placement in the service.

Management of Violence and Aggression

All staff had received training in the management of violence and aggression as part of their induction. The registered manager reported that training was also provided specific to the needs of individual patients.

HIW had noted that there was a relatively high incidence of use of restraint at Pinetree Court. This was largely in relation to a small number of patients.

Resuscitation equipment

First aid training was provided to all staff. The registered nurses had been trained in the use of the defibrillator kept on site. Staff were advised of the need to have the defibrillator calibrated at least annually.

Medicines Management

There was a contract in place with Ashton's Pharmacy for the provision of medicines. A contract for the removal of pharmaceutical waste is now in place.

An audit done by the pharmacist highlighted a problem where on a significant number of occasion nurses administering medicines had failed to sign for the medicine or had not indicated that the medication had not been administered. The registered manager stated that actions had been taken to address this issue which included potential disciplinary action if the problem persisted. This will be followed up at the next inspection.

Mental Health Act

A Mental Health Act administrator was in place based at the head offices in Cardiff. Staff described that training had been provided to implement the updated Mental Health Act which came into force from November 2008. There appeared to be good practices in place to meet the requirements of the revised Code of Practice for Wales.

The audit completed by the pharmacists also noted that there were 2 occasions where the prescriptions did not comply with documentation completed as part of detention under the Mental Health Act. The registered persons must ensure that there are processes to ensure that this does not happen again.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/5 HIW must be provided with <ul style="list-style-type: none">• information to show how use of restraint is monitored and evaluated, and• Evidence of the efforts made to reduce the incidence of restraints.	31 July 2009	Regulation 44 Standard M31 & M35
0809/6 HIW must be provided with evidence of the systems and processes in place to ensure prescription of medication is always in accordance with the Mental Health Act.		Regulations 14(1)&(5) Standard M17

RECORDS AND INFORMATION MANAGEMENT**Inspector's findings:****Data Protection Act**

Policies and procedures were in place for management of information. All staff interviewed were aware of the need for confidentiality and secure storage of personal information in line with the Data Protection Act.

Staff Records

Staff records were not inspected on this occasion, but were scrutinised at the time of registration and found to be compliant with regulatory requirements.

Patient records

A sample of patient records were observed during the inspection. These found to be in good order. There was evidence that care plans had been explained to patients and that patients had signed to this effect.

Patient Money

Money was held for safekeeping for a number of patients. There was an audit in place to monitor receipts, balances and signatures. It was noted from a previous audit that there were occasions when there were sums of money unaccounted for, and that 2 staff were not signing for each and every transaction.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
0809/7 HIW must be provided with evidence that all patient money is properly accounted for in accordance with the policy.	31 July 2009	Regulation 15(2) Standard M28

RESEARCH

Inspector's findings:**Research Policy**

A corporate policy was in place that met regulatory requirements.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

ACTION PLAN FROM REPORT

Inspector's findings:

The focus of the inspection and report for this year had been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

7 new requirements have been identified in this report. The registered persons must ensure that an action plan is produced to meet the requirements made.

New requirements from this inspection:

Action Required	When Completed	Regulation Number
i. HIW requires the submission of an action plan addressing all the requirements made this year. t. The action plan must clearly identify <ul style="list-style-type: none"> • the requirement, • the action to be taken, • person responsible, • due date for completion, • and a status report as of the day of the action plan. • The plan must be reviewed 3 monthly, and a copy submitted to HIW on the last day of the third month until all requirements have been met. 	31 July 2009	Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i>

Inspector's Name: H Nethercott

Date: 29th July 2009

Inspector's Signature:

H Nethercott