

**Coed Du Hall Independent Hospital  
Nantalyrn Road  
Rhydymwyn  
Nr Mold  
Flintshire  
CH7 5HA**

**Inspection 2009/2010**

**Healthcare Inspectorate Wales**

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Inspection Date:	Inspection Manager:
<b>16 &amp; 17 September 2009</b>	<b>Helen Nethercott</b>

## **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](http://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 Coed Du Hall on the 16 and 17 September 2009 by an Inspection Manager and three HIW reviewers. The hospital was first registered in August 1994 and is currently registered to provide a service for 22 patients aged 18 and over with functional mental illness or learning disabilities, including those who may be detained under the Mental Health Act 1983. The accommodation is provided in three separate but interconnected units.

- Ash provided assessment and treatment for 7 female patients
- Beech provided assessment and treatment for 5 male patients.
- Cedar provided rehabilitation for 10 males and females.

Coed Du Hall is located on the outskirts of the village of Rhydymwyn, on the A541 between Mold and St Asaph in North Wales. The hospital is located in a rural position on the site of a previous NHS hospital. There is a local bus service to the end of the road and adequate patient transport to enable patients to access the local community.

The drive way continues to suffer from potholes and erosion from the rain and must be maintained or relayed to provide a safe surface for pedestrians and vehicle users (as identified in previous inspection reports).

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

In addition the company submitted a range of documentation in relation to the management of violence and aggression and disturbed behaviour. The outcome of this review was positive. A recommendation from the review was that the seclusion policy is reviewed and updated so that it is directly relevant to the circumstances at Coed Du.

It was noted that the following were in place within the establishment

- A comprehensive statement of purpose and patients guide. Although these require updating in light of changes in the registered manager.
- An extensive range of policies and procedures with date of formulation and review.
- A good range of care plans and treatment plans reviewed regularly and kept up to date.
- A comprehensive audit programme and processes for review of incidents.
- It was reported that an Occupational Therapist had recently been appointed to join the Multi Disciplinary Team.

On arrival it was apparent that the registered manager had recently resigned from his post as manager, however HIW had not been informed of this. The regional manager was present for the duration of the inspection and advised that he would be managing Coed Du and would be at the establishment three to four days a week until the appointment of a new manager. A letter has since been received at HIW advising of the changes. The registered persons are reminded of the requirement under regulation 29 of the Private and Voluntary Health Care (Wales) Regulations 2002 to advise HIW of such changes.

Both staff and patients expressed a high level of satisfaction with the service. Feedback from patients demonstrated that they felt cared for and were treated with dignity and respect by the staff team.

The public telephone provided in the corridor did not make provision for privacy during a telephone conversation. Some suggestions were discussed to promote privacy for those using the telephone.

Specialised psychological and behavioural interventions were observed to be well documented and thorough. However the reliance on unqualified clinical staff suggests an imbalance between therapeutic interventions by clinical staff and general support with daily living activities.

Whilst the staffing numbers were strong there is significant use of care support workers. There was strong evidence of patients engaging with local colleges, however this appeared to be a part of reliance on outside agencies to provide activities. Lots of interaction between patients and the care support workers were noted in terms of assistance with personal hygiene, cleaning their rooms and support in using the community.

There was a good internal training programme for staff on site, however, awareness of the Mental Capacity Act and informed consent issues were not evident by some of the care support staff. It was explained that this was partly because such issues were seen as the domain of the registered nurses rather than the support staff.

The inspection included a visit by a pharmacist on 16 September to examine compliance with the standards for medicines management. Whilst there was generally good compliance with standards and requirements the following issues were noted.

- Whilst there are arrangements with a local pharmacist for advice, the pharmacist does not have an over view of all the medicines used in the establishment as only some are dispensed by the pharmacist with the majority being dispensed by the GP surgery.
- Medicines for leave periods were being labelled and dispensed into dosette boxes by nurses.
- There was no audit of prescribing practices to demonstrate adherence to NICE guidance.

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

## **Achievements and compliance**

Within the previous inspection report 4 regulatory requirements for action were made which included 2 new requirements and 2 outstanding from previous inspection episodes. The action plan reported that these had all been completed.

## Registration Types

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

Description
<b>Independent Hospital service type:</b>
<b>Independent hospitals with overnight beds providing medical treatment for mental health (including patients detained under the Mental health Act 1983)</b>

## 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. *[Note: if the registration is not subject to any conditions, please delete the text above, text and tables below and insert the following text under Conditions of registration - "There are no conditions of registration for this establishment / agency"]*

Condition number	Condition of Registration	Judgement
1.	The total number of persons accommodated at any one time in the Hospital must not exceed Twenty-two (22).	Compliant

## Assessments

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

In assessing each standard we use four outcome statements:

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

## Assessments and Requirements

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

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

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

### Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	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 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 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 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 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 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 almost 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 met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard not inspected
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 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 met

**Service specific standards- these are specific to the type of establishment inspected**

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard met
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard met
M5	Staff Numbers and Skill Mix	Standard almost met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard almost 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 inspected
M17	Administration of medicines	Standard met
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 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 inspected
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 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	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
C2, M5, M6	17(1)	<p><b>Findings</b> The skill mix of staff at Coed Du has a much greater proportion of unqualified staff than qualified staff. This means that there is a greater focus on external activities and basic daily living skills than therapeutic interventions.</p> <p><b>0910/1 Action Required</b> The registered person is required to review the skill mix to ensure that at all times suitably qualified skilled and experienced persons are working in such numbers as are appropriate to deliver the statement of purpose.</p>	31 December 2009
C24, M10,	14(5)	<p><b>Findings</b> The pharmacist conducting the inspection found that nurses were dispensing leave medicines into dosette boxes.</p> <p><b>0910/2 Action Required</b> The registered person is required to ensure that all dispensing of medicines – especially those for leave periods are undertaken by those legally able to do so.</p>	Immediately and ongoing
M43	44	<p><b>Findings</b> The seclusion policy is not readily applicable to the circumstances at Coed Du.</p> <p><b>0910/3 Action Required</b> The registered person is required to update the seclusion policy so that it can easily be understood and implemented at Coed Du.</p>	30 November 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
<b>M27</b>	There should be provision to maintain privacy when using the public payphone.
<b>M10</b>	The arrangements for advice from the pharmacist should give an overview of all medicines used in the establishment.
<b>C24</b>	There should be an audit of prescribing practices to demonstrate adherence to NICE guidance.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations 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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