

Inspection Report 2008/2009

Cygnnet Hospital at Wyke

Blankney Grange, Huddersfield Road, Lower Wyke, Bradford, West Yorkshire.

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

Cygnnet Hospital at Wyke provides inpatient mental health accommodation in psychiatric intensive care and low secure settings. The hospital is owned and managed by Cygnnet Health Care. The hospital is registered to accommodate 50 patients who are liable to be detained under the Mental Health Act. The company also operates other independent mental health hospitals throughout England.

Cygnnet Hospital at Wyke is located in Lower Wyke, which is a short travel distance from the centre of Bradford. The hospital is within easy access to Leeds, Bradford, Halifax and Huddersfield and is 2 miles from Junction 26 of the M62 motorway.

Each ward at Cygnnet Hospital Wyke is gender specific and all bedroom accommodation is in single rooms with en-suite toilet facilities. There are also shared WC and bathing facilities on each ward.

The establishment is an old two storey house with a modern two storey attached building which has a shaft lift for ease of access. The house accommodates most of the administration offices, whilst the modern part of the building houses the patient wards, and the therapy areas. The hospital has adequate parking facilities and can be accessed by public transport.

This inspection took place on 17 December 2008, and was announced.

Main findings

This assessment was completed following a review of this years self assessment and supporting documentation. Overall, the establishment was able to demonstrate continued further increases in compliance with the National Minimum Standards. The hospital staff were helpful, professional and courteous at all times during the inspection.

Overall, the hospital is providing a service that meets the needs of its patients within an environment that is clean, comfortable and adequately staffed.

Recruitment processes are in place and personnel files are maintained and managed. The same recruitment processes are evident in the granting of consultants practicing privileges. The establishment recognised that there were some corporate policies that did not meet the National Minimum Standards but where these had been identified local policies have been developed to address these shortfalls.

Six of the National Minimum Standards were reviewed as part of this risk based inspection.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Mental Health Can Detain	MH(D)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
NONE	

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of

	performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Not inspected
C22	Medicines Management	Standard almost met
C23	Ordering and Storage of Medicines	Not inspected

Number	Standard Topic	Assessment
C24	Controlled Drugs	Not inspected
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
M7	Risk assessment and management	Not inspected
M8	Suicide Prevention	Not inspected
M9	Infection Control	Not inspected
M17	Administration of Medicines	Not inspected
M18	Self administration of Medicines	Not inspected
M30	Levels of Observation	Not inspected
M31	Managing Disturbed Behaviour	Not inspected
M32	Management of Serious/Untoward Incidents, Adverse Health Events and Near Misses	Not inspected
M33	Unexpected Patient Death	Not inspected
M34	Patients Absconding	Not inspected
M35	Patient Restraint and Physical Interventions	Not inspected
M36	Safeguarding Children in mental health settings	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C22	15(1)(b)	<p>Findings: It was identified during the review of medication prescribed for patients that several patients were receiving high dose anti-psychotic treatments. Not all of the patients had received all of the required health checks prior to and during this treatment as identified in published guidance.</p> <p>Action Required: The registered person must:</p> <ul style="list-style-type: none"> • Identify those patients prescribed high doses of antipsychotic medication • Ensure that, once identified, the patients receive all the health checks and ongoing monitoring as identified published guidance. • Develop a policy to ensure that this guidance is followed and audit the policy and medication prescribed regularly. <p>This will ensure that any patient on high dose anti-psychotic medication is not at risk of physical ill-health caused by the medication.</p>	31 January 2009
2	C22	15(1)(b)	<p>Findings: The emergency drugs were not stored with the emergency equipment.</p> <p>Action Required: The registered person must ensure that all of the equipment required in an emergency is available in one place, to ensure that when required this can be collected without.</p>	31 January 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
M1	Working with the Mental Health National Service Framework	Not inspected
M4	Clinical Audit	Not inspected
M11	The Care Programme Approach/Care Management	Not inspected
M12	Admission and assessment	Not inspected
M15	Patients with Developmental Disabilities	Not inspected
M16	Electro-Convulsive Therapy (ECT)	Not inspected
M19	Treatment for Addictions	Not inspected
M20	Transfer of Patients	Not inspected
M21	Patient Discharge	Not inspected
M37	Admission and assessment of children	Not inspected
M38	Quality of Life of children	Not inspected
M39	Facilities and Equipment to meet the needs of children	Not inspected
M40	Valid consent of children	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Not inspected
C31	Information Management	Not inspected
C32	Research	Not inspected
M2	Communication Between Staff	Not inspected
M3	Patient Confidentiality	Not inspected
M5	Staff Numbers and Skill Mix	Not inspected
M6	Staff Training	Standard almost met
M22	Patient's Records	Not inspected

No	Standard	Regulation	Requirement	Time scale
2	C9	19(2)	<p>Findings: Records for staff did not include all of the evidence required in C9.2 of the National Minimum Standards.</p> <p>Action required: The registered person must ensure that all of the information required by C9.2 is obtained for each individual who is offered employment within the establishment. This will ensure that only people of good character are employed within the establishment.</p>	31 March 2009
3	M6	18(2)	<p>Findings:</p>	31 March 2009

No	Standard	Regulation	Requirement	Time scale
			<p>Records for medical staff did not include evidence of the training that they had undertaken.</p> <p>Action Required: The registered person must ensure that all details of the training completed by all staff groups including the medical staff are maintained and available for inspection. This will ensure that all of the required information is available to show that the staff have undertaken regular updates of their knowledge and skills.</p>	

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
M10	Resuscitation Procedures	Not inspected
M13	CPA Care Planning and Review	Not inspected
M14	Information for Patients on their treatment	Not inspected
M23	Empowerment	Standard met
M24	Arrangements for visiting	Not inspected
M25	Working with Carers and Family Members	Not inspected
M26	Anti-discriminatory Practice	Not inspected
M27	Quality of Life for Patients	Not inspected
M28	Patient's Money	Not inspected
M29	Restrictions and Security for Patients	Not inspected
M41	Establishments in which Treatment is provided for Persons liable to be detained - Information for Staff	Not inspected
M42	The Rights of Patients under the Mental Health Act	Not inspected
M43	Seclusion of Patients	Not inspected
M44	Section 17 Leave	Not inspected
M45	Absent without Leave under Section 18	Not inspected
M46	Discharge of Detained Patients	Not inspected
M47	Staff Training on the Mental Health Act	Not inspected

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard almost met
C21	Health and Safety Measures	Not inspected

No	Standard	Regulation	Requirement	Time scale
4	C17	25(2)(a)	<p>Findings: Some areas of the hospital were identified in need of redecoration. This included the clinic areas on two of the wards.</p> <p>Action Required: The registered person must ensure that this redecoration is completed in a timely fashion so that patients are cared for in an appropriate and safe environment.</p>	31 March 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings 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. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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