

Regulation	Issue of Concern		
Regulation 28 (2) (a)(b)(c) &(3) &(4)(a)(b)&(c)&(5)(a) (b)&(c)	Under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, the registered provider must provide a written report on the areas listed within Regulation 28 to HIW on a 6 monthly basis.		
Response	A regulation 28 visit format has been created and a visit was carried out by a member of the board (copy of report attached) on 21 May 2014		
Actions	Timescales	Person Responsible	
1. Findings of the regulation 28 visit to be discussed and actioned through the operational and integrated governance meetings	June 30 th 2014	Hospital Manager	
2. At six monthly intervals the format of the regulation visit to be reviewed to include a thematic review of the service	November 30 th 2014	Hospital Manager	

Regulation	Issue of Concern		
Regulation 20(1)(a)	Registered nurses with allocated responsibility for the hospital outside of core times should not have responsibility for a ward as well. The person in charge of the hospital on the night of 6 May 2014 was also in charge of a ward. There was no second registered nurse available to cover if the person in charge was required elsewhere in the hospital		
Response	Where ever possible a second qualified member of staff is rota'd to cover all eventualities. In addition to this the hospital operates a two tier on call system with an experienced registered nurse being the first on call and the hospital manager providing a second on call system. This was demonstrated on the night of the visit with the Hospital Manager attending.		
Actions	Timescales	Person Responsible	
1. Rotas' to be securitised to ensure that rota planning addresses the need for cover for the senior nurse on site role	immediately	Ward Managers	

Regulation	Issue of Concern		
Regulation 20 (2) (a)	There was no appraisal system in place for staff. A robust and comprehensive appraisal system will be implemented for all staff by 30 June 2014.		
Response	As noted in the HIW letter of the 19 May 2014 the company is in the process of developing an appraisal system and as previously advised, it is due to commence on 30 June 2014		
Actions	Timescales	Person Responsible	

1.	Appraisal structure to be designed and implemented by the 30 June 2014	HR Advisor
2.	Staffing training to commence on appraisal system 30 June and reviewed monthly in the integrated governance forum	HR Advisor

Regulation	Issue of Concern		
Regulation 20(2)(a)	There was no induction information available for employee A and we were informed that no copies are retained on file. Evidence of an induction process must be available for all staff.		
Response	Pastoral healthcare accepts that the documentation did not reflect the induction that staff had undertaken, as evidenced in the induction timetable. The documentation has since been reviewed and is now being recorded		
Actions	Timescales	Person Responsible	
1. Audit to be undertaken to ensure that the information required has been collected and is accessible	30 June 2014	HR Advisor	

Regulation	Issue of Concern		
Regulation 15 (1)(a)(b)&(c)	There was a lack of attendance at Clinical Team Meetings (CTM) by patient's primary nurses. Patient B's primary nurse had not attended any of his CTMs. All primary nurses must be given an opportunity to attend individual patient CTMs.		
Response	This concern had been identified by Pastoral prior to the HIW visit and was being addressed through the ward managers as evidence in the document of the 1 st May that was given to the inspectors at the time of their visit.		
Actions	Timescales	Person Responsible	
1 Ward managers will facilitate primary nurses to attend CTM, 117 meetings, CTP meetings and any other appropriate meeting. This will be monitored through the minutes of the meetings and discussed at supervision	Monthly review	Ward Managers	

Regulation	Issue of Concern		
Regulation 19(1) (a)&(b)	Patient TYCO84 was moved to Ty Cwm Rhondda from Ty Catrin independent hospital so that the bed could be utilised for a patient re-called to the hospital under the Mental health Act 1983. This practice is not acceptable. Patients must not be moved to another hospital on a temporary basis to make way for another patient.		
Response	Pastoral states that this is not a routine happening and on this occasion was an emergency situation. The move was conducted in consultation with the patient and the commissioners.		
Actions	Timescales	Person Responsible	
1. A formal procedure to be developed to address the rare occasions when this action is deemed to be a necessity	August 31 2014	Hospital Manager	

Regulation	Issue of Concern		
Regulation 20 (1) (a)	<p>A review of care plan documentation identified the following issues:</p> <p>a. Patient TYCO25 and TYCO58 on Bute ward had no discharge plans in place.</p> <p>B Patient TYCO58 care plan on diabetes stated blood glucose levels to be checked twice weekly. However the registered nurse stated daily. There was no record consistently completed. All areas detailed must be addressed.</p>		
Response	<p>In regards to the concerns regarding discharge plans. Pastoral disputes the findings of the inspectors. TYCO25 had a CPA meeting on the 17/3/2014, a section 117 meeting on the 17/3/2014 and the Care and treatment plan was reviewed on the 16/4/2014, all of which evidence planning for discharge. Pt TYCO58 is a restricted patient and is under MAPPA guidelines. A CTP review had been held on the 11/04/2014 and had included discharge planning. Evidence for consultation with the MOJ is available from the patients notes</p> <p>In relation to the second concerns regarding the care planning of blood glucose levels the hospital has reviewed its documentation</p>		
Actions	Timescales	Person Responsible	
1. An audit of notes to be undertaken to ensure that physical observations are care planned and results documented accurately	August 31 2014	Ward Managers and Practice Nurses	

Regulation	Issue of Concern		
Regulation 15(1)(a)(b)&(c)	<p>The Enhanced Observation Records were not signed by the nurse in charge of the shift. Enhanced observations records must be signed by the registered nurse/nurse in charge as outlined by Pastoral Cymru.</p>		
Response	<p>Pastoral acknowledges that a number of forms had not been signed. This is an internal quality measure and will be reviewed</p>		
Actions	Timescales	Person Responsible	
1. The need for the nurse in charge to check and sign at the end of each shift each observation form is to be discussed with ward managers and clinical nurse specialists and disseminated to ward staff	Immediate and Ongoing	Hospital Manager	

Regulation	Issue of Concern		
Regulation 15(1)(a)(b)&(c)	<p>The cleanliness of some aspects of some wards was unacceptable.</p> <p>a. The bathroom on Bute ward had a dirty toilet and the floor was marked. There was dust and dirt everywhere.</p> <p>b. The kitchens on Sophia and Bute wards require a thorough cleaning.</p>		

	Cupboards were dirty and stained, flooring was sticky and a cupboard door was missing on Sophia ward.		
Response	Pastoral healthcare acknowledges that some areas of the hospital did not reach acceptable standards. Action was taken immediately to address the cleanliness issues and Sophia ward was fitted with replacement cupboards		
Actions	Timescales	Person Responsible	
1. A weekly audit of the kitchen areas to be undertaken and results disseminated to ward managers and the operation teams	Immediate and Ongoing	Hospital Manager	
2. Hospital manager to meet with housekeeping staff to discuss cleaning rota's and resources	13 May 2014	Hospital Manager	
3. Infection control audit to be carried out over the hospital site	30 June 2014	Hospital Manager	

Regulation	Issue of Concern		
Regulation 26(2)(a)(b)&(c)	Seating was torn and worn on Bute ward. There was no dining table and chairs on Sophia and Trelai wards ward. <i>(Ty Catrin have placed an order for tables and chairs for these wards and are awaiting delivery and fitting)</i> A review of the furniture and damaged items is required and where necessary should be repaired/replaced.		
Response	At the time of the inspection orders had been placed for damaged furniture and the hospital was awaiting delivery. This was evidenced in documents shown to the inspectors.		
Actions	Timescales	Person Responsible	
1. Each ward manager to undertaken a check of their environment and submit details of any furniture and fixings that require replacement	Immediate and Ongoing	Ward Managers	

Regulation	Issue of Concern		
Regulation 15(1)(a)(b)&(c)	A number of staff interviewed expressed concern that not all patients admitted to the hospital were appropriate.		
Response	The hospital has a robust admission assessment procedure that involves the senior clinicians, including the RC's assessing the patient referred to their unit. Patients are then discussed at a planning and referrals meeting to ensure that the hospital is an appropriate placement. Should a referral not be accepted the hospital advises the referrers as to the reason why. Should, following admission, a patient is subsequently found to have needs that cannot be met at the hospital, the clinical team works with the care coordinators to identify more appropriate placements and facilitates the discharge planning. All patients are reviewed regularly by their care coordinators to ensure that patients are placed appropriately		
Actions	Timescales	Person Responsible	
1. The subject to be discussed at staff forums to address staff	Bi monthly	Hospital	

anxieties regarding process	starting May 2014	Manager
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Regulation	Issue of Concern		
Regulation 9(1)(d)(k)&(2)(a)&(b)	A robust policy/procedure in relation to the extra care facility must be devised and implemented. It must include a framework for the use and a robust review of patients that are using this facility.		
Response	The inspectors were provided with a copy of the hospitals policy on the use of the enhanced care area at the time of inspection. This policy referenced the mental health act code of practice on the use of longer term segregation and included procedures for its use and safeguards including guidance on patient reviews		
Actions	Timescales	Person Responsible	
1. Following the use of the extra care facility a review of the management of the process to be undertaken the results of which to be presented at the integrated governance meeting	30 June 2014	Hospital Manager	

Regulation	Issue of Concern		
Regulation 20 (1)(a)&(2)(a)	A significant number of staff were not up to date with their control and restraint training (MAYBO). The training was out of date for 7 registered nurses and 10 care support workers. All staff must undertake control and restraint training.		
Response	All clinical staff at TyCatrin are required to undertake MABO training. In addition to this checks are made with agencies to ensure that agency staff have an appropriate level of training before working on the wards. On the day of the inspection the HR advisor was able to evidence that the majority of the staff detailed in the letter of the 19 May were undertaking training that was taking place that week. It does not appear that this has been taken into account by the inspector		
Actions	Timescales	Person Responsible	
1. A rolling review of training statistics to be undertaken and presented monthly at operational meetings	30 June 2014	HR Advisor	

Regulation	Issue of Concern		
Regulation 20 (1)(a)&(2)(a)	The statutory/mandatory training did not have identified timescales for renewal. One staff member had not undertaken Protection of Vulnerable Adults (PoVA) training since 2009. All statutory/mandatory training requires renewal dates to be allocated. Staff training needs to be reviewed and staff receive updated training as identified within the performance management process.		
Response	The hospital operates a colour coded system for renewals and this was shown to inspectors at the time of inspection.		

Actions	Timescales	Person Responsible
1. A review of the training matrix has been undertaken and courses planned to address the findings	30 June 2014	Hospital Manager

Regulation	Issue of Concern	
Regulation 20(1)(a)	A review of the registered nurse (RN) and ward manager roles to be undertaken to ensure the most effective and appropriate use of staff resources for individual staff development and the enhanced operation of the wards.	
Response	The hospital had identified the need to undertake a review of the role of the ward managers in the role of staff development prior to the inspection as evidenced in the document of the 1 st may given to the inspectors at time of the visit. The hospital is undergoing a period of restructuring with a third clinical nurse specialist joining the team and the introduction of ward KPI's linked to the appraisal framework. KPI will include a supervisory element.	
Actions	Timescales	Person Responsible
1. Ward KPI to be introduced	30 June 2014	Hospital Manager

Regulation	Issue of Concern	
Regulation 20(1)(a)	A review of the staffing for the establishment including agency is required.	
Response	Staffing levels and skill mix / vacancies are discussed at the weekly operations meetings and at the ward manager and CNS meeting. These were evidenced at the time of the inspection by the minutes of the weekly operations meetings which were given to the inspectors	
Actions	Timescales	Person Responsible
1. Weekly review of staffing / staff mix to be conducted and presented at Operations and Ward Managers / CNS meetings	30 June 2014	Hospital Manager HR Advisor

Regulation	Issue of Concern	
Regulation 15(1)(b)	Patient information displayed in the nurse offices on the wards can be viewed by patients and visitors. Patient information must be protected from being observed by both staff and other patients.	
Response	Identifiable information has been removed from the white boards in the ward offices	
Actions	Timescales	Person Responsible
1. All identifiable information to be removed from patient sight in the ward offices	30 June 2014	Hospital Manager

Regulation	Issue of Concern
Regulation 19(1)(b)	During our visit we requested several times that patient TYCO57 be examined as

	she complained of earache. If patients complain or display physical concerns the ward staff must request the availability of the practice nurses to deal with any physical concerns. If the practice nurse is unavailable then contact must be made with the local GP. Patients should not have to wait several days to be seen		
Response	The hospital disputes this area of concern in that the patient did not go 'several days without being seen'. The patient was seen on the 2 nd May and the 6 th May by the practice nurse. A GP appointment had been made and the patient was seen on the 8 th May by the GP and antibiotics prescribed. On the day of the visit there were two practice nurses on duty however the pager system was not used and they did not pick up the message until later that day (Wednesday 7 th)		
Actions	Timescales	Person Responsible	
1. Qualified staff to be reminded that the pager system should be utilised for urgent calls to the practice nurses	30 June 2014	Hospital Manager	

Mental Health Act Monitoring

Regulation	Issue of Concern
Regulation	A patient was taken on section 17 leave by a registered nurse knowingly that she did not have the appropriate authority form the responsible clinician (RC). No patient must leave without appropriate section 17 leave.
Response	The hospital is aware of its responsibilities under section 17 of the mental health act. It was explained to the inspectors that the incident described was being investigated under the disciplinary procedure.

Regulation	Issue of Concern
Regulation	The Mental Health Act (MHA) documentation at ward level was not kept in 1 file and was difficult to examine. All MHA documentation must be maintained at ward level.
Response	The wards are provided with copies of mental health act paperwork by the Mental Health Act Administrator. CO2 and CO3 forms are kept separately attached to the prescription sheet.
Regulation	Issue of Concern
Regulation	HIW was not provided with recent MHA audits that were requested at the time of our visit. MHA audits to be provided.
Response	Copies of these audits have now been mailed to the inspectors