

Mr Kevin Shields
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2 April 2014

Dear Mr Shields,

Re: Visit undertaken to St David's Hospital on the 12 and 13 March 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to St David's independent hospital on the 12 and 13 March 2014. Our visit highlighted areas that are noteworthy and include:

- Evidence of team work and a positive attitude from the multi disciplinary team (MDT).
- Comprehensive section 17 leave forms with good directions from the Responsible Clinician (RC).
- The good rapport observed between staff and patients.
- The wide range of activities that were available at Coed Bach.
- The very good range of food, imaginative menus and the a positive dining experience was observed.
- The good use of easy read material for patients in relation to the Mental Health Act (MHA), menus and a range of other documents.
- The comprehensive training package for the Mental Health Act administrator.

- Staff morale had improved since the last inspection.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager at the end of our visit on 13 March 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
<p>1. A review of care plan documentation highlighted the following issues:</p> <ul style="list-style-type: none"> a. Patient A had no evidence of care plans/risk assessments being evaluated since formulation in August 2013. b. Patient A was prescribed a high dose of Priadel which required regular blood tests. However no care plan had been formulated to address this. c. There was no discharge care plan in place for patient A. d. Care plans and risk assessments for patient B had not been evaluated in line with identified timescales. e. The care plan for patient B on their pressure sore did not measure or describe the wound. The care plan only stated to monitor the pressure sore daily. f. There was a lack of a pain risk assessment for patient B. The patient was prescribed basic paracetamol but had not even received this. g. Patient C was on 1 to 1 observations, however the charts only recorded hourly observations. <p>All areas identified above must be addressed.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p>
<p>2. A review of the treatment/clinic room was undertaken and the following observations were made:</p> <ul style="list-style-type: none"> a. Drugs that were liable for misuse were being inappropriately recorded as controlled drugs. b. Staff had signed for the administration of drugs when they had clearly not been given. c. The CO3 form, section 4.2.1 was not clear for patient D. d. Patient E was prescribed Zuclopenthixol 25mgs tablets. The directions on the container stated three tablets twice a day, but it should be 1 tablet twice a day. e. There was a system of ordering and receiving 	<p>Regulation 15 (5) (a) & (b)</p>

<p>drugs, however the forms for February did not list the drugs received.</p> <p>f. Patient F had a prescription in place listing medication but this had not been signed by the prescriber. However, the medication had been administered.</p>	
<p>All areas identified must be addressed.</p>	
<p>3. There was a lack of consistent staff supervision taking place. A robust supervision system must be fully implemented for all staff.</p>	<p>Regulation 20 (2) (a)</p>
<p>4. The hospital's environment requires a considerable degree of refurbishment. <i>The hospital has plans in place to completely refurbish the environment.</i></p>	<p>Regulation 26 (2) (a) (b) & (c)</p>
<p>5. Four patient records were audited and were not complete for medical scrutiny of detention of the Mental Health Act. The medical audit of the MHA papers must be undertaken.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>6. The medical audit/scrutiny of lay manager forms had not been undertaken. The medical scrutiny of the MHA papers must be undertaken.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>7. There was inappropriate completion of the H015 form by the responsible clinician.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>8. The decision of the Second Opinion Appointed Doctor (SOAD) for patient G had not been communicated to the patient. All decisions by the SOADs must be communicated and documented to the patient.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p>
<p>9. The CO2 form under assessment of capacity had no clinical scrutiny for patient G. Form CO2 must have medical scrutiny.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>10. The hospital must undertake a review of the staff skill mix to ensure patient's physical health needs are being met.</p>	<p>Regulation 20 (1) (a)</p>

You are required to submit a detailed action plan to HIW by **25th April 2014** setting out the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of this letter the Registered Provider is required to comment on the factual accuracy of the issues detailed and on receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr Sean Holcroft, Registered Manager at St David's Hospital.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Powell', written in a cursive style.

Mr John Powell
Head of Regulation

cc – Mr Sean Holcroft, St David's Independent Hospital, Carrog, Corwen, LL21 9BG