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28 April 2014

Dear Mr Torrington,

Re: Visit undertaken to Cefn Carnau Hospital on the 8, 9 and 10 April 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Cefn Carnau independent hospital on the evening of 8 and all day on the 9 and 10 April 2014. Our visit highlighted areas that are noteworthy and include:

- The good rapport we observed between patients and staff.
- The 'Your Voice' initiative was very positive, providing empowerment for patients and giving them a voice on a range of matters and issues.
- The multi disciplinary team (MDT) had a 'can do' approach and the way the meetings were developing was having a very positive outcome for patients.
- All staff had an appraisal for the year.
- The appointment of an assistant Mental Health Act administrator has improved face to face contact and capacity to ensure appropriate detention, under the Act, of the patients.
- The service is developing and moving forward in a number of key areas including patient empowerment and recreational and social activities.
- The level of psychology input for patients was very high.

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 10 April 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
<p>1. 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. The reports sighted during our visit did not provide sufficient assurance on analysis of complaints and interviews with patients and staff and no reports had been submitted to HIW.</p>	<p>Regulation 28 (2) (a) (b) (c) & (3) & (4) (a) (b) (c) & (5) (a) (b) (c)</p>
<p>2. We reviewed the environment and the following observations were made:</p> <ul style="list-style-type: none"> a. Complete refurbishment and redecoration of the bathrooms and WCs are required on Sylfaen ward. The flooring, chinaware and walls were marked and need replacing. b. On Sylfaen ward a bathroom/WC was not clean. The bin was overflowing and the WC was full of toilet paper. A robust process for checking and cleaning bathrooms/WCs must be introduced. c. The flooring in the WCs on Bryntirion ward were marked and stained. Replacement of the flooring is required. d. Refurbishment of patient bedrooms is required to facilitate adequate storage, reduce trip hazards and provide a more pleasant environment. 	<p>Regulation 26 (2) (a) (b) & (c)</p>
<p>3. A number of care plans were examined and the following observations were made:</p> <ul style="list-style-type: none"> a. Patient A is morbidly obese and there was no record of him being weighed since May 2013. b. A care plan on health promotion cannot be effectively evaluated without knowing the weight of patient A. c. A drug and alcohol plan was in place for patient A and had recently been evaluated. However, this was not and never has been an issue for the patient. d. The risk management plan sighted for patient A was no more than a review of the risk areas. e. The capacity and consent form for patient B was not completed apart from the first page. 	<p>Regulation 15 (1) (a) (b) & (c)</p>

<p>This would need to be re-done by the current responsible clinician (RC) and this could not be found.</p> <p>f. The care plan on drug and alcohol misuse for patient B contradicted itself in terms of historical usage.</p> <p>All the above areas must be addressed.</p> <p>4. There was no positive behavioural support plans (PBS) in place. We were informed this was due to a lack of training. PBS plans must be introduced for the patient group.</p> <p>5. Patients complained about the varying quality and variety of food provided. Portion sizes were also an issue. The quality, variety and portion sizes must be improved.</p> <p>6. The dining experience for patients must be improved. On Sylfaen and Dderwen wards the tables were not set, there was no water with meals and staff did not eat with patients in an attempt to enhance the experience.</p> <p>7. A robust and reliable system is required to ensure monitoring of staff supervision is taking place.</p> <p>8. Two areas of mandatory training need to be improved. 26% of staff were late or had expired for the Managing of violence and aggression (MVA) and 15% were late or had expired for break away training. The registered provider must ensure that training for all staff is up to date.</p> <p>9. Section 62: Urgent Treatment (Mental Health Act) forms must be fully completed. The Section 62 form for patient B was not fully completed by the responsible clinician and did not provide a date the form was current from.</p> <p>10. Advanced decisions need to be reviewed in line with the Priory's policy/procedures and must not be an isolated decision.</p> <p>11. The Mental Health Act files on the ward must hold a complete set of legal documents and must contain all the appropriate detention paperwork.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p> <p>Regulation 15 (9) (a) & (b)</p> <p>Regulation 15 (1) (a) (b) & (c)</p> <p>Regulation 20 (2) (a)</p> <p>Regulation 20 (1) (a) & (2) (a)</p> <p>Regulation 15 (1) (a) & (b)</p> <p>Regulation 15 (1) (a) (b) & (c)</p> <p>Regulation 19 (1) (a) & (b)</p>
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You are required to submit a detailed action plan to HIW by **20th May 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 Ms Carla Rawlinson, Manager at Cefn Carnau 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 – Ms Carla Rawlinson, Cefn Carnau Uchaf, Thornhill, Caerphilly CF83 1LY