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19 May 2014

Dear Mr Parry,

**Re: Visit undertaken to Ty Catrin hospital on the 6, 7 and 8 May 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Ty Catrin independent hospital on the night of 6 and all day on the 7 and 8 May 2014. Our visit highlighted areas that are noteworthy and include:

- The good rapport we observed between patients and staff.
- The staff were knowledgeable about the patient group.
- The multi disciplinary team (MDT) was working well and members felt valued.
- The governance/audit processes had commenced and are being bedded into the organisation.
- The outcomes for some patients was very positive, especially with the very challenging group.
- The mapping of patient needs from the Occupational Therapy (OT) team was very good. The female patients generally required further encouragement for participation in activities and ward based staff, supported by OT, are crucial to achieving this.

- Positive Behavioural Plans/risk assessments were detailed and very informative.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to you and your registered manager at the end of our visit on 8th May 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
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.	Regulation 28 (2) (a) (b) (c) & (3) & (4) (a) (b) & (c) & (5) (a) (b) & (c)
2. 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.	Regulation 20 (1) (a)
3. 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.	Regulation 20 (2) (a)
4. 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.	Regulation 21 (2) (b) & (c)
5. 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.	Regulation 15 (1) (a) (b) & (c)
6. Patient C 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.	Regulation 19 (1) (a) & (b)
7. A review of care plan documentation identified the following issues: a. Patient D and E on Bute ward had no discharge plans in place.	Regulation 15 (1) (a) & (b)

<p>b. Patient E 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> <p>8. 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> <p>9. 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. Cupboards were dirty and stained, flooring was sticky and a cupboard door was missing on Sophia ward.</p> <p>10. Seating was torn and worn on Bute ward. There was no dining table and chairs on Sophia and Trelai 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.</p> <p>11. A number of staff interviewed expressed concern that not all patients admitted to the hospital were appropriate.</p> <p>12. 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.</p> <p>13. 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.</p> <p>14. 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</p>	<p>Regulation 15 (1) (a) (b) &amp; (c)</p> <p>Regulation 15 (8) (c) (i) &amp; 26 (2) (a)</p> <p>Regulation 26 (2) (a) (b) &amp; (c)</p> <p>Regulation 15 (1) (a) (b) &amp; (c)</p> <p>Regulation 9 (1) (d) (k) &amp; (2) (a) &amp; (b)</p> <p>Regulation 20 (1) (a) &amp; (2) (a)</p> <p>Regulation 20 (1) (a) &amp; (2) (a)</p>
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<p>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.</p> <p>15. 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.</p> <p>16. A review of the staffing for the establishment including agency is required.</p> <p>17. 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.</p> <p>18. During our visit we requested several times that patient MW 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.</p>	<p>Regulation 20 (1) (a)</p> <p>Regulation 20 (1) (a)</p> <p>Regulation 15 (1) (b)</p> <p>Regulation 19 (1) (b)</p>
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### **Mental Health Act Monitoring – The Administration of the Act**

We reviewed the statutory detention documents of 8 of the detained patients being cared for on 2 of the wards at the time of our visit. The following issues were identified and need to be included in your action plan:

1. A patient was taken on section 17 leave by a registered nurse knowingly that she did not have the appropriate authority from the responsible clinician (RC). No patient must leave without appropriate section 17 leave.
2. 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.
3. HIW was not provided with recent MHA audits that were requested at the time of our visit. MHA audits to be provided.

You are required to submit a detailed action plan to HIW by **Friday 13<sup>th</sup> June 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 Neil Powell, interim registered manager at Ty Catrin Hospital.

Yours sincerely

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

**Mr John Powell**  
Head of Regulation

cc – Mr Neil Powell, Ty Catrin, Dyfrig Road, Ely, Cardiff CF5 5AD