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5 August 2014

Dear Mr Shields,

Re: Visit undertaken to St David's hospital on the 23rd and 24th July 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to St David's independent hospital on the 23rd and 24th July 2014. Our visit highlighted areas that are noteworthy and include:

- The way staff engaged with the inspection process, in particular the extent of knowledge the registered nurse in charge of the night shift on 23rd July had in relation to the patient group.
- The positive rapport observed between patients and staff.
- The commencement of clinical leadership meetings was a positive initiative.
- The initiative of the Local Governance process, including audit compliance and incident breakdown.
- The range of therapeutic groups taking place, including a sexual offenders group.
- The wide range of activities that was available at Coed Bach day/activity centre.

- The standard of food was observed to be very good. Staff and patients ate together resulting in a positive dining experience.

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 24th July 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
<p>1. The hospital was using a significant amount of agency staff. In July agency workers covered 14 registered nurse shifts and 47 support worker shifts. In June, 15 shifts was covered by agency nurses and 59 shifts covered by agency support workers. The registered provider must address staffing shortfalls.</p>	<p>Regulation 20 (1) (a) & (b)</p>
<p>2. The registered provider must consider effective recruitment and retention strategies for recruiting and retaining staff. In the last 12 months, 14 staff had left St David's, including 4 nurses and 8 support workers.</p>	<p>Regulation 20 (1) (a)</p>
<p>3. A review of four sets of care documentation identified the following issues:</p> <ul style="list-style-type: none"> a. The admission details sheet for patient A was blank, with no record of the patient's date of birth, admission date, Mental Health Act (MHA) status etc. An electronic copy was discovered partially completed. b. There were no risk assessments/care plans formulated for patient A. c. Patient A was placed on 1:1 observations but no care plan was in place. d. There was no care plan for patient B regarding visits to St David's by his mother and her friend. e. The weight management care plan for patient C lacked specific goals around his target weight. f. There was poor evaluation undertaken on the health care and weight management plan for patient C. g. Inappropriate comments in the Multi Disciplinary Team (MDT) clinical record for patient C that had been subsequently crossed out. h. There was no discharge care plan in place for patient C. i. Care plans for patient C did not reflect the 	<p>Regulation 15 (1) (a) (b) & (c)</p>

<p>MDT process.</p> <ul style="list-style-type: none"> j. Patient D was on 1:1 observations but the care plan stated level 2, 15 minute observations. k. There was a lack of patient and staff signatures on care plans for patient D. l. Care plans for patient D did not reflect the MDT process, for example the discussion and decision of 1:1 observations for this patient. m. The diabetic monitoring care plan for patient D lacked sufficient detail in terms of monitoring the condition. <p>All areas identified must be addressed.</p> <ul style="list-style-type: none"> 4. Two patients stated that they were not aware of their care plans and that they were not involved in their formulation. All patients must be aware and given the opportunity to have input into their care plans and provided with a copy if requested. 5. Positive Behavioural Support¹ plans must be introduced for all patients. They are an internationally accepted approach and have been adopted by numerous recognised authoritative bodies for their strengths and successes. 6. Two patients (E/F) have been in the hospital since 2005 and 2008 respectively. A review of these patients is required to determine the continued appropriateness of the placement. 7. The available information to confirm the knowledge and experience of agency staff was variable. Some agency staff did not have any experience documented to ensure they had the rights skills for the patients at St David's. Comprehensive information must be available for all agency staff. 8. Some induction forms for newly appointed staff, agency and bank staff contained no dates, no staff signatures and were only partially completed. The induction of all staff must be fully documented. 	<p>Regulation 9 (1) (g) & 15 (1) (a) (b) & (c)</p> <p>Regulation 15 (1) (a) (b) & (c)</p> <p>Regulation 15 (1) (a) (b) & (c) & 19 (2) (d) & (e)</p> <p>Regulation 20 (1) (b)</p> <p>Regulation 20 (1) (a) & (b) (2) (c)</p>
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¹ Positive behaviour support approaches have become established as the preferred approach when working with people with learning disabilities who exhibit behaviours described as challenging. For more information visit <http://www bild.org.uk/our-services/positive-behaviour-support/>

9. There remains a lack of a consistent supervision system in place. A robust supervision system must be implemented for all staff.	Regulation 20 (2) (a)
10. The hospital's environment continues to require a considerable degree of refurbishment. The on-going programme of refurbishment must continue.	Regulation 26 (2) (b) (c)
11. During our visit four patients were on 1:1 observations which seemed excessive for a locked rehabilitation service. The registered manager must look at the patient mix to ensure patients admitted to St David's hospital adhere to the conditions of registration to enable a consistent rehabilitation environment, enabling patients to bridge the gap between hospital and community living.	Regulation 19 (1) (a) (b)

Mental Health Act Monitoring – The Administration of the Act

We reviewed the statutory detention documents of 3 of the detained patients being cared for at St David's hospital at the time of our visit. The following noteworthy practice was observed:

- Easy read and pictorial information was available and prepared individually to meet patient needs.
- There were good systems in place for timely reminders.
- There were good systems in place for regular scrutiny of legal documents and administrative processes. This was on-going as new patients are admitted to St David's.

You are required to submit a detailed action plan to HIW by **27th August 2014** setting out the action you have already taken as well as that which 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 you are 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, 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