

**Mental Health /
Learning Disability
Follow Up Inspection
(Unannounced)**

**Cefn Carnau: Sylfaen,
Bryntirion & Derwen:
Priory Group Limited**

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1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

3. Context and description of service

The Priory Hospital Cefn Carnau is a low secure hospital providing care and treatment for up to 22 adults with a primary diagnosis of a learning disability who may be liable to be detained under the Mental Health Act 1983. The hospital is located between Caerphilly and Cardiff and is owned by the Priory Group Limited. The hospital is registered to provide the following:

- Sylfaen ward is a low secure service for a maximum of eight female adults over the age of 18 years diagnosed with a primary diagnosis of a learning disability who may be liable to be detained under the Mental Health Act 1983.
- Bryntirion ward is registered for a maximum of eight male adults over the age of 18 years diagnosed with a primary diagnosis of learning disability who may be liable to be detained under the Mental Health Act 1983.
- Dderwen ward is a low secure service for a maximum of six male adults over the age of 18 (eighteen) years diagnosed with a primary diagnosis of learning disability who may be liable to be detained under the Mental Health Act 1983.

4. Summary

Our follow-up inspection at Cefn Carnau hospital took place across all three wards. We found positive developments since our previous inspection in August 2015 however there were a number of areas that still required improvement. We identified a number of regulatory breaches but were also pleased with a number of positive findings.

During our visit, we noted the positive way staff engaged with the inspection process and we observed a positive rapport between staff and patients.

Since our previous inspection there had been a number of significant changes to the multi-disciplinary team at Cefn Carnau including a new Hospital Director and Clinical Service Manager. The hospital management were progressing in recruiting to vacancies at the establishment. However, whilst there was a reliance on agency nurses to fulfil staffing levels, the hospital had contracted agency nurses on a long-term basis to assist with the consistency of care. In addition the registered provider was ensuring a permanent registered nurse was on each shift at the hospital.

Staff training figures had improved since our previous inspection. The completion of staff annual appraisals had also risen, however the staff clinical supervision system was in the early stages of development at the time of our inspection.

There was an improvement regarding the information held on the appointment and training of permanent staff and on the training completed by agency staff.

There were a wide range of activities available for patients at Cefn Carnau and in the community. Staff within the occupational therapy department spoke of plans to develop the services available including working with local education providers in the community.

The advocacy service was commented upon favourably by patients and staff and there were posters and information clearly displayed on the wards. The administration of the Mental Health Act was very comprehensive with a range of effective systems were in place.

Cefn Carnau were piloting an electronic patient record system, whilst this allowed easy access to patient records, it was not always clear how the provision of the Mental Health Measure was being followed. However, it was positive to note that there were detailed patient assessments contained within patient notes.

5. Findings

Core Standards

Ward environment

Following on from our inspection in August 2015 it was evident that there had been continued redecoration and refurbishment of the patient areas at Cefn Carnau. However, there were some areas of the environment that still required improvement as part of the ongoing maintenance schedule.

Sylfaen ward had been re-decorated and pictures and notice boards were displayed throughout the ward. The notice boards had information regarding the Mental Health Act, ward rules, how to make a complaint, patient guide, fire evacuation procedure and HIW contact details.

Two lounges were available for the patient group. Both lounges had a TV and sufficient seating. There was a conservatory off the main lounge and access to a garden area. The garden appeared well kept with some planting in the garden. Seating and facilities for smoking were also available.

The kitchen was bright, a menu was displayed and facilities were available for patients to store their own food items. However, at the time of our visit, the fridge contained items which were out of date; this was a repeat issue from our inspection in 2015. Food items need to be regularly checked to ensure they are in date and safe for consumption. We also found some food items inappropriately wrapped/sealed in the fridge-freezer.

Requirements

The registered provider must ensure that the process for ensuring that all food items are in date and safe for consumption is undertaken.

The registered provider must ensure that all food items are appropriately stored in fridge-freezers.

A nurse's office and dispensing room were situated on the ground floor as well as a bathroom, with toilet and sink. The facilities were clean and the environment was bright.

Patient bedrooms were situated upstairs and all patients had their own room. The bedrooms were reasonably sized with adequate storage for patient property.

Bryntirion ward was situated on the first floor of the hospital and is accessed only via a staircase. All facilities for the patients were on the same floor, with

bedrooms situated on one side of the ward and patient living areas the other side.

On entering the ward, there is a large foyer in which the nurse's office is situated. There were some seats for patients to sit on and notice boards displaying a variety of patient information. Patients had completed jigsaws and these were framed and displayed on the walls of the ward.

The ward had one lounge with a TV and games console. Patient lockers were located in the lounge in which they could store personal items. The lounge had a relaxing feel with a coffee table in the middle of the lounge that had some board games and books stored on it.

A pleasantly decorated kitchen/dining room was located at the end of the ward. A large wooden dining table with sufficient seating occupied the middle of the room. The table had a fruit bowl available with a variety of fruit offered to the patients. Placemats were set on the table and this presented a positive dining experience for the patients. A dumb waiter/serving hatch was in the room from which meals would be delivered and served.

The patients could access the garden area which was located downstairs. The area was well kept, with cut lawns and flower beds.

Dderwen ward was situated on the ground floor. On entering the ward there was a bathroom and further along patient bedrooms. A lounge and conservatory provided patients with rooms to relax and watch TV and the conservatory gave patients access to the garden which was well maintained.

A dining room was situated at the end of the ward which had sufficient seating and tables for the patient group. A nursing office and clinic room were also on the ward.

The multi-disciplinary team

Since our previous inspection there had been a number of significant changes to the multi-disciplinary team at Cefn Carnau. There was a new Hospital Director who had recently been appointed, along with a new Clinical Service Manager. At the time of our inspection, a locum consultant psychiatrist was working at Cefn Carnau along with a Clinical Psychologist and Forensic Psychologist both working on a locum basis. All posts being covered by locum professionals were in the process of being recruited into.

All the staff we spoke to said the new multi-disciplinary team (MDT) worked in a professional and collaborative way. Staff said that professional views were obtained and valued and staff felt respected.

At the time of our inspection there were a number of vacancies throughout Cefn Carnau's MDT, including mental health nurses (and one ward manager), Healthcare Assistants, Occupational Therapy Assistants and a Psychology Assistant. Some posts had been filled with members of staff due to commence working at Cefn Carnau within the coming month, others vacancies were out to offer and awaiting the responses from the candidates.

Whilst it was evident that there was progress to fill vacancies at Cefn Carnau, the situation at the time of our inspection reduced the consistency of care for patients with the use of bank and agency staff to cover vacancies.

Requirement

The registered provider must update HIW with the vacancies at the hospital and the progress of recruitment.

Safety

Cefn Carnau had implemented a system to ensure there was a nominated person in charge of the hospital, who then would notify the on-call senior manager in the event of an emergency. This process was not in place at our previous inspection.

Members of senior management at Cefn Carnau stated that all shifts have at least one permanently employed registered nurse on duty at the hospital. The staff rotas reviewed for the month leading up to our inspection confirmed this. During our previous visit we identified that during one evening that there were no permanently employed registered nurses on duty; at that time the three wards were being managed by two agency nurses and one bank nurse.

The hospital maintains a record of agency staff used, with evidence from the agencies of the training undertaken by each agency staff member. This was an improvement from our previous inspection where some members of agency staff were unable to demonstrate essential knowledge required to work in this service.

However, we identified that Cefn Carnau still had a reliance on bank and agency staff to meet the hospital's required staffing levels per shift. The requirement for bank and agency was more common at nights and weekends. This was a particular concern as senior management were present less at these times. Cefn Carnau had contracted two mental health nurses on long term agency agreements; this clearly added consistency to the provision of care at Cefn Carnau.

General Healthcare

We reviewed the treatment/clinical room on the three wards and observed a medication round on Sylfaen ward.

There was good practice evident with a Clinic Room Audit File in each of the clinic rooms, with completion of audits being evidenced. The organisation's Administration of Medicines in Hospital policy was not available in one of the ward's clinic rooms; this was rectified immediately by a member of staff.

During the review of the clinic rooms it was noted that the picture displaying the contents of the Resuscitation Equipment Bag was not clear and difficult to identify what was held within the bag, this could impact upon patient safety if staff are unclear of what needs to be in the Resuscitation Equipment Bag. The provider must review the displays to ensure the contents of the Resuscitation Equipment Bag are clear so that it can be checked and maintained.

We also identified that on one ward the ligature cutter/hook was not stored alongside the Resuscitation Equipment Bag; it had fallen off the wall previously and was found on a bookshelf at the other side of the room. It needs to be accessed in an emergency situation and therefore needs to be alongside the Resuscitation Equipment Bag.

Requirement

The registered provider must amend the Resuscitation Equipment Bag displays to ensure the contents of the Resuscitation Equipment Bag are clear so that it can be checked and maintained.

Our previous inspection identified that that expired medication was present in the clinic rooms, it was positive to note that this was not the case during this inspection.

Patients were able to make appointments to see community health care services such as a GP, optician or dentist.

Privacy and dignity

All patients had their own bedrooms. Patients could lock their bedroom door from the inside which staff could over-ride if required. It was evident that patients could store and display personal items in their rooms.

Patients didn't have en-suite facilities within their bedrooms but each ward had a number of toilet and showering facilities available to patients. The registered provider should consider the provision of en-suite facilities.

There were facilities for patients to receive visitors and patients had access to telephones to maintain contact with family and friends. It was evident that there were weekly visits by a local advocacy service and a chaplain who visited fortnightly. Patients could request to see representatives from Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services.

During our observations of the environment and talking to staff there was a lack of facilities available for patients who may require assistance accessing patient areas on the 1st floor of the hospital, there were no lifts or mechanical assistance available for stairs. Patient mobility is assessed prior to admission to the hospital to consider the appropriateness of the environment for the individual patient. However, we were concerned that if a patient's mobility decreased (temporarily or permanently) whilst resident at Cefn Carnau that this could impact on their freedom to move around the hospital. The registered provider should consider how to assist patient mobility around Cefn Carnau where required.

Patient therapies and activities

Patients had access to a number of therapies and activities at Cefn Carnau. These included individual and group sessions along with activities in the community for patients when appropriate.

Patients had an individual activities timetable scheduling the activities that they participate in, including, walking within the grounds, cooking, golf at the local range, cycling and card and board games. A social club takes place every evening in which patients gather together and chat, play games and listen to music. During our visit we observed activities being undertaken at Cefn Carnau along with some patients using leave to access the community.

At weekends, staff told us that mostly on-site activities took place, but staff would try and take out as many patients as they could, depending on staffing levels and access to three hospital vehicles. Patients with section 17 leave would like to arrange visits home to see family and friends.

Since our previous inspection the hospital had appointed a new occupational therapist to the service. Since their appointment, the occupational therapist had canvassed patients at Cefn Carnau on their interests and the desired activities that the patients wished to participate in.

The occupational therapy team were implementing a new occupational therapy monitoring and review system for patient activities. The team will record when each patient undertook an activity, and if they declined the reasons why and if any other activity was offered or undertaken. The team would review individual patient's engagement with activities and discuss at MDT meetings with the patient to explore the activities on offer and what

alternative activities could be provided. Staff felt that this would address the concerns of some patients about the lack of appropriate activities available at Cefn Carnau. The occupational therapist acknowledged that there will be some activities that patients request that may not be appropriate due to the risk factors involved. However, the occupational therapist felt their team can use these patient requests as measurable aims within patient Care and Treatment Plans.

We also visited the newly developed sensory/quiet room which also doubled as a multi-faith room, the colours were chosen by residents and they also assisted in the painting of the room.

We identified during our previous inspection that the in-house education provision had been significantly reduced and accreditation had been stopped; at the time of our inspection this was still the case. We discussed with the Hospital Director and the occupational therapist the intentions for providing patients at Cefn Carnau with educational input. The occupational therapist was keen to introduce baseline education assessments for all patients at Cefn Carnau so that individual patient's needs could be assessed and that provision in local education services could be sought.

Requirements

The registered provider must provide an update on the implementation of the occupational therapy monitoring and review system for patient activities.

The registered provider must provide an update on the introduction of the patient baseline education assessments.

Food and nutrition

There were two chefs in post at the time of our visit and patients said they had a menu from which they would choose their food options. Patients could buy and store their own snacks and they could have a drink and snack outside of set meal times.

There was comments book available to patients so that they could write feedback regarding the food served and the catering staff would regularly review it.

Training

We reviewed a sample of staff files and noted an improvement in the information contained since our previous inspection. Files examined contained photographic ID for the employees, along with the application and appointment details.

A system was in place to record and monitor Disclosure and Barring Service information (DBS) and we noted and endorse the good practice adopted by Cefn Carnau hospital to regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a person's integrity and character.

Cefn Carnau also had a system in place to monitor that employees' professional registration was in place where required.

An analysis of the training statistics showed an improvement since our previous inspection. However, Basic Life Support training was only at 60% completion, we recommend that this is a priority for all staff at Cefn Carnau.

Level 5 Training for Positive Behaviour Support was being undertaken by senior staff with staff at Cefn Carnau then to be provided with Level 4 Positive Behaviour Support training, this is a training priority for staff at Cefn Carnau to complete.

Requirement

The registered provider must review the training records and ensure mandatory training deficits are addressed.

Since our previous inspection there had been an increase in the completion of annual appraisals, this had increased to 86%. During our previous inspection we identified that there was limited clinical supervision being undertaken at Cefn Carnau. Due to a number of changes in staffing, including senior management, individual clinical supervision was not being undertaken at the time of our follow-up inspection, however the Clinical Service Manager was finalising the *Supervision Tree* so that supervision could commence. In addition, group supervision had began since our previous inspection.

Requirement

The registered provider must ensure that a programme of supervision is implemented and evidenced.

There had been an improvement in the access to the hospital's IT system for recording information on Care Notes. Any staff working as bank or agency have access to Care Notes via temporary accounts, which enables the staff member to access the required information to provide care and to input onto the IT system.

Governance

Cefn Carnau had monthly Clinical Governance Committee meetings in place which assisted with the governance and audit of the hospital. The hospital had also introduced weekly Learning from Experience meetings, so that events could be shared and learnt from.

In December 2015 The Priory Group, as registered provider, undertook their Regulation 28 Visit as required by the Independent Health Care (Wales) Regulations 2011. These had not been regularly completed prior to our previous inspection in August 2015. The provider must ensure that these continue, and HIW provided with copies of the report, on a six monthly basis as required.

Application of the Mental Health Act

It was positive to find since our previous inspection a role had been created for an Assistant Mental Health Act Administrator to support the Mental Health Act Administrator covering The Priory Group's settings throughout South Wales. This provides additional resources to maintain the safeguards contained in the Mental Health Act.

The original Mental Health Act documentation was retained securely in the Mental Health Act Administration office with copies filed in dedicated folders on each of the wards so that ward staff can refer to them as required.

We reviewed the statutory detention documents of six of the detained patients being cared for on three wards at the time of our visit. In the main the files were found to be in good order. All admission documents were legible and Section 17 Leave forms provided clear and concise conditions attached to leave granted by the Responsible Clinician.

The Priory Group had in place Mental Health Act policies which were specifically in accordance with Welsh Mental Health legislation, regulations and the Code of Practice for Wales. These were accessible on the organisation's intranet. English language versions of the Mental Health 1983 Code of Practice for Wales were located on two of the wards and a Welsh version on the third ward. If required patients throughout the hospital could access either language of the code.

Reviewing patients' statutory documentation and care notes it was not always clear that every effort to identify a patient's Nearest Relative, as defined by Section 26 of the Act, had been pursued. Where a nearest relative cannot be established, the organisation should consider Section 29, Appointment by court of acting nearest relative.

Out of the six sets of ward documentation reviewed we identified that one ward file did not contain the most current consent to treatment certificate and MH11 Capacity Assessment form, this was a repeat of the issue identified during our previous inspection. We verified that the originals were available at the mental health act office.

Requirement

The registered provider must ensure that the requirements of Section 26, and Section 29 where applicable, of the Mental Health Act are completed and evidenced within patient notes.

Copies of mental health act documentation, including consent to treatment certificates and MH11 Capacity Assessment forms, must be available for ward staff to review as required.

Monitoring the Mental Health Measure

Cefn Carnau were piloting an electronic patient record system, whilst this allowed easy access to patient records, it was not always clear how the provision of the Mental Health Measure was being followed. Whilst the electronic system allowed for staff to input the domains of the measure, it was not always clear to where each domain had been recorded on the electronic record. It appears the layout of the system needed to be reviewed so it is clear as to which section of the system refers to which domain(s) of the Measure. It would be beneficial if training was provided for staff on how to enter information on to the electronic system to evidence the compliance with the Welsh Measure, including time specific goal setting and timescales for evaluation. There was also no recording of unmet needs on the care notes.

Reviewing the care notes it was evident that there were a significant amount of areas that had been left blank by staff when completing the documentation, therefore the records were not completed fully.

Within the electronic patient records we identified very detailed patient assessments, however some information was held as paper records, such as MUST Tool, observation charts, mental health act documentation etc. therefore staff had to look in a number of places for information on a patient. It would be beneficial for ward staff if patient information was available on the electronic system.

Requirements

The registered provider must ensure that the electronic patient record system enables staff to document compliance with the Mental Health Measure.

The registered provider must ensure that members of staff are competent in completing documentation that complies with the Mental Health Measure.

The registered provider must ensure that all disciplines of staff complete health care records completely.

6. Next Steps

Cefn Carnau Hospital is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Cefn Carnau Hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A

Mental Health Learning Disability: Improvement Plan

Provider: Priory Group Ltd

Hospital: Cefn Carnau

Date of Inspection: 19 & 20 May 2016

Page Number	Requirement	Regulation	Action	Responsible Officer	Timescale
8	The registered provider must ensure that the process for ensuring that all food items are in date and safe for consumption is undertaken	9(b)	<p>All staff to be made aware that they are not to store any food that is out of date or that belongs to them in any of the fridges on the wards. They have access to a fridge in the staff room where items are to be stored.</p> <p>In addition the kitchen assistant is to ensure that the audits (which will check for the inappropriate storage of food and use by labels) are carried out within the correct time</p>	Head Chef Richard Jennings. Support from the ward managers.	01/08/2016

			<p>scales.</p> <p>The assistant is to check on the fridges daily and rectify and report back any concerns.</p>		
8	The registered provider must ensure that all food items are appropriately stored in fridge-freezers.	9(b)	The kitchen assistant is to check on the fridges daily and rectify and report back any concerns in addition to completing the audits.	Head Chef Richard Jennings. Support from the ward managers.	01/08/2016
10	The registered provider must update HIW with the vacancies at the hospital and the progress of recruitment.	20(10)(a)	This was provided to HIW on the day of the inspection. Monthly updates will now be sent to them via the portal.	The Support services manager Lydia Bevan; HR administrator Gytis Kucinskas	01/08/2016
11	The registered provider must amend the Resuscitation Equipment Bag displays to ensure the contents of the Resuscitation Equipment Bag are clear so that it can be checked and maintained.	15(2) & 26(2)(c)	Although there is an amended comprehensive check list and audit that is carried out weekly on all wards HIW requested that there is a picture of the equipment taken and displayed as a contents of the resuscitation bags. A photo and a list of the content is to be displayed with each emergency area.	Clinical Services Manager	01/08/2016

13	The registered provider must provide an update on the implementation of the occupational therapy monitoring and review system for patient activities.	15(1)(a)(b)&(c)	To develop and implement a new system of documenting/tracking therapy sessions that are offered, ones that are declined and the patient's reason for declining and what alternatives have been offered that are meaningful to the individual. This is then reviewed weekly and dependent on the patient's engagement in previous weeks this is then reflected and altered in their individual time table. This process is now in place.	Occupational Therapist Richard Hewitt and the Clinical Services Manager Emma Warman	04/07/2016
13	The registered provider must provide an update on the introduction of the patient baseline education assessments.	15(1)(a)(b)&(c)	The site is to complete a base line education assessment on the current patients and then for every new admission when appropriate to do so.	Occupational Therapist Richard Hewitt	09/09/2016
14	The registered provider must review the training records and ensure mandatory training deficits are	21(2)(a)&(d)	This is being reviewed and addressed weekly through the HR and SMT meetings in place. This is helping in the progression of the training on site.	Site learning administrator Gytis Kucinskis, Clinical services manager Emma	29/07/2016

	addressed.		There is also a new training schedule for the rolling year so that all training is maintained.	Warman.	
14	The registered provider must ensure that a programme of supervision is implemented and evidenced	20(2)(a)&(b)	The supervision on site is to be reviewed and a structure of support and supervision is to be identified and implemented.	Clinical Services Manager Emma Warman; Hospital Director Adam Lampitt; Psychologist Carla Ferreira	04/07/2016
16	The registered provider must ensure that the requirements of Section 26, and Section 29 where applicable, of the Mental Health Act are completed and evidenced within patient notes.		The Mental Health Act Administrator and the Clinical Services Manager in conjunction with Psychiatrist will audit and scrutinize the MHA files ensuring that there is an identified nearest relative. Where this is not the case then site will refer to the social work team to provide an appointed person.	Clinical Services Manager Emma Warman; Mental Health Act Administrator Anyce Gentle; Consultant Psychiatrist.	29/07/2016
16	Copies of mental health act documentation, including consent to treatment certificates and MH11 Capacity Assessment forms,		Mental Health Act Papers are to be uploaded to the electronic care notes system so that all users have access.	Clinical Services Manager Emma Warman; Mental Health Act Administrator	01/08/2016

	must be available for ward staff to review as required.			Anyce Gentle	
17	The registered provider must ensure that the electronic patient record system enables staff to document compliance with the Mental Health Measure.	23(1)(a)	All paper copies are to be uploaded to the electronic system inc MHA paper and any assessments.	Clinical Services Manager Emma Warman; Mental Health Act Administrator Anyce Gentle; MDT	01/08/2016
17	The registered provider must ensure that members of staff are competent in completing documentation that complies with the Mental Health Measure.	21(2)(a)&(d)	Training is to be provided for staff on the use of care notes and incident reporting this is to be done on the next external training session.	Clinical Services Manager Emma Warman; Site learning administrator Gytis Kucinskas	09/09/2016
17	The registered provider must ensure that all disciplines of staff complete health care records completely.	23(1)(a) & 23(3)(a)	There are to be no unexplainable gaps within the health care recording system. This is to be audited on a weekly basis as part of the general compliance.	Clinical Services Manager Emma Warman; and ward managers.	09/09/2016