

Mental Health Service Follow-up Inspection (Unannounced)

**St David's
Independent Hospital
Mental Health Care UK**

Inspection Date: 20 & 21 March 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of St David's Independent Hospital mental health service within Mental Health Care UK on the evening of 20 March and day of 21 March 2017. The following hospital sites and wards were visited during this inspection:

- St David's Independent Hospital

Our inspection team was made up of one HIW inspection manager, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one member of HIW staff as a lay reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983, in order to assess compliance with Act.

This report details our findings following the inspection of an independent mental health service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

Further details about our approach to inspection of independent mental health services can be found in Section 6.

2. Context

St David's Independent Hospital currently provides mental health services in the village of Carrog near Corwen area of Denbighshire, North Wales. St David's Independent Hospital is an open rehabilitation learning disability hospital within Mental Health Care UK.

The setting is a male only unit with 15 beds. There were nine patients there at the time of the inspection.

The service employs a staff team which includes the registered manager (the Hospital Manager), a psychiatrist (the responsible clinician for the patients at St David's Hospital), a Clinical Lead Nurse, two Senior Nurses, a forensic clinical psychologist and assistant, a Senior Social Worker, an occupational therapist and three occupational therapy assistants, and a team of registered mental health nurses and health care support workers.

Summary

Overall, we found evidence that St David's Hospital provided safe and effective care for the patient group.

This is what we found the service did well:

- Patients that we spoke with were happy with the service provided.
- There was a suitable range of patient therapies and activities.
- Patient documentation was completed and maintained to a high standard.

This is what we recommend the practice could improve:

- Staff to work with as wide range of staff members so that good practice can be shared.
- Additional training for staff to better meet the patient group's needs.
- Canvas staff for suggestions of additional patient activities.

We identified the following areas for improvement during this inspection regarding:

- Refurbishment and maintenance works be confirmed as completed.
- Recruitment of staff to meet the hospital's Statement of Purpose.
- Provision of appropriate and regular training, supervision and appraisal.
- Patient records organised methodically and not contain outdated information.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. Findings

Quality of patient experience

We saw staff treating patients with respect whilst providing them with individualised rehabilitation care. We saw that staff upheld patients' rights and supported them to be as independent as possible.

All patients had individualised activity plans that reflected a range of appropriate rehabilitation and recreational activities. Coed Bach, the day centre at St David's Hospital, provided a range of facilities for patient therapies and activities. However, a number of areas required maintenance or an improvement in facilities.

Dignity and respect

We found that patients at the hospital were treated with dignity and respect by the staff working there and this was also reflected in patients' care documentation.

The hospital provided care, treatment and support to male patients only. Patients had their own bedrooms which provided a high level of privacy. Nine of the bedrooms had en-suite facilities; there were communal bathroom facilities for those patients without an en-suite. Patients were able to personalise their rooms and had sufficient storage for their possessions. Patients could lock their bedrooms from the inside and had their own electronic key card to access their rooms; staff could over-ride the locks if required.

Patients had access to two lounges; these had been refurbished to a high standard with appropriate fixtures, fittings and furniture for the patient group. Due to the ongoing refurbishment of the hospital, there were no dedicated visitor facilities. However, we were assured by staff that an appropriate room is made available as and when required.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

Patient information and consent

Throughout the hospital there were areas where up-to-date patient information was clearly displayed. This included statutory information along with information on operation of the hospital, activities that were being undertaken in the hospital and community.

Patients were provided information in written format and there was evidence that staff discussed the information recorded in their individual notes. Where required, the hospital was able to provide written information in Welsh or other languages. We noted that patients' individual occupational therapy planners were both written and pictorial which assisted patient understanding.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated with patients effectively. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or misunderstood, staff would patiently clarify what they had said.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers were also included in some individual meetings.

Care planning and provision

Each patient had their own individual weekly activity planner. This included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

Activities were varied and focused on recovery. These included Living Skills Day¹, mindfulness², arts and crafts, shop and cook, dialectic behavioural therapy³ (DBT), laughing yoga⁴.

¹ Living Skills Day – a patient works with their key worker to undertake a variety of daily living skills to maintain or develop their ability.

Activity participation was monitored and audited. We observed staff actively encouraging patients to participate in their planned activities. Where patients declined, we observed staff offering alternatives and this was recorded in the patient record. There was an audit of activity participation which would feed in to future activity planning.

During our inspection, it was disappointing to note that one patient's Living Skills Day had to be cancelled as the patient's key worker was allocated to work at another setting within the organisation. Occupational therapy staff asked the patient what alternative activity they wished to undertake and were able to provide this for the patient.

We spoke to a number of staff who stated that they had ideas of what additional activities that they wished to provide for patients based on their skills from activities and work outside of their roles at St David's Hospital. It was positive to hear some enthusiastic and fresh ideas. However, some staff stated that they had raised a number of their ideas with colleagues / line-managers who had dismissed them without providing a reason. We recommend that the registered provider canvas their staff for ideas and suggestions for additional activities at St David's and provide staff members with appropriate feedback.

The majority of patient activities in St David's Hospital take place within the day centre known as Coed Bach. Coed Bach is a standalone building within the grounds of St David's Hospital. It comprised of an occupational therapy kitchen, a sensory room and three large rooms that were used for arts and crafts, wood work, and group activities and therapies.

The larger of the rooms was also being used as the temporary dining room whilst the ongoing refurbishment was taking place.

² Mindfulness – a mental wellbeing activity where the person focuses on the present moment, their own thoughts and feelings, and to the world around them.

³ Dialectical behaviour therapy (DBT) – a therapy designed to help people suffering from mood disorders as well as those who need to change patterns of behaviour that are not helpful, such as self-harm, suicidal ideation, and substance abuse.

⁴ Laughter yoga – a practice involving prolonged voluntary laughter. Laughter yoga is based on the belief that voluntary laughter provides the same physiological and psychological benefits as spontaneous laughter.

The occupational therapy kitchen was of a reasonable size and throughout our inspection, we saw patients cooking and helping themselves to hot and cold drinks. However, the kitchen required refurbishment, with a number of broken or missing cupboard doors and an overall tired and worn appearance.

There was storage for patients' items within the kitchen. However, staff felt that individualised storage for each patient would be beneficial. We recommend that the registered provider consider providing patients with individualised storage space within the occupational therapy kitchen for food items such as dried pasta, tinned food etc.

Requirement

The registered provider must undertake a refurbishment of the occupational therapy kitchen to ensure it is appropriately maintained and equipped.

The Sensory Room was furnished with soft relaxing furniture and a few pieces of optical equipment. However, it was felt that this facility could be improved with additional sensory equipment that would greater benefit the patient group.

Delivery of safe and effective care

The statutory documentation in relation to both the Mental Health Act and the Mental Health (Welsh) Measure were completed to a high standard and compliant with their associated legislation. However, as with our previous inspection, patient files were difficult to navigate due to the quantity of information, some of which was duplicated or outdated.

The hospital was reaching the end a long period of extensive refurbishment; areas that were completed were finished to a high standard. We noted two communal areas that required attention to maintain cleanliness.

Generally, there was safe management of medication at St David's Hospital. However, we observed poor practice in the administration of covert medication.

Application of the Mental Health Act

We reviewed the statutory detention documents of three of the detained patients being cared for at St David's Hospital. We also reviewed the monitoring and audit procedures that were undertaken by the Mental Health Act administrator.

The documentation held at St David's Hospital was well organised and evidenced that the detentions were compliant with the Mental Health Act (the Act). There were strong monitoring, scrutiny and audit procedures to ensure that professionals acted as and when required by the Act.

Care planning and provision - Monitoring the Mental Health (Wales) Measure 2010

We reviewed three sets of patient records including two sets of Care and Treatment Plan documentation. All documentation that we reviewed was completed to a high, professional standard. The following were identified:

- An extensive range of patients' assessments to identify and monitor the provision of care, along with risk assessments that set out the identified risks and how to mitigate and manage them.
- Good physical health monitoring and health promotion recorded in patients' notes.

- Evidence of good multi-disciplinary team discussions, including:
 - Exemplary practice made to address the complex dental and physical health issues for one patient with the involvement of primary and secondary health care services
 - the decision to use covert medication⁵
- Detailed Positive Behaviour Support (PBS) plans in place for patients.

However, despite the detailed documentation, as with our previous inspection in January 2016, patients' files were difficult to navigate due to the quantity of information, some of which was duplicated or outdated. This meant that finding the relevant information was time consuming, which would not benefit staff trying to learn about individual patients and how to care for them.

Requirement

The registered provider must review patient files to ensure that pertinent information is easily accessible and files do not hold outdated or duplicated information.

We noted that, despite patients having detailed PBS plans, staff had not evidenced that they had read and understood the plans, as required by the registered provider in each PBS.

Requirement

The registered provider must ensure that staff record that they have read and understood each patient's PBS Plan.

Environment

St David's is a 15 bedded hospital which provides care and rehabilitation to an all male patient group. The hospital is situated on the outskirts of Carrog, near Corwen, North Wales. The building was built in the 1930s and is surrounded by large grounds with mature trees and shrubbery.

The extensive refurbishment work that was being carried out during our previous inspection in January 2016 was still ongoing. It was evident that the

⁵ Covert medication – the administration of any medical treatment in disguised form.

majority of the hospital had been extensively refurbished to a high standard and we were informed that the works will be completed in April 2017.

During our inspection, we noted that areas where refurbishment was being undertaken were secured to maintain safety of the patients and others.

During our observation of the environment, we noted that the ceiling of a shower room located upstairs was heavily stained with mould/mildew. We were informed that this had been identified by the registered provider and was due to be rectified.

Requirement

The registered provider must ensure that shower rooms are appropriately equipped to prevent the build up of mould and mildew.

We also noted that, in one patient toilet located upstairs, there was heavy staining on the floor which surrounded the toilet bowl.

Requirement

The registered provider must ensure that toilet facilities are kept clean and free from stains.

Managing risk and health and safety

All staff had a personal alarm that could be used in an emergency. There were also nurse call alarms in bedrooms. However, these were not always located within reach of the bed. Therefore, if a patient was unable to get out of bed they would have difficulty in summoning help.

Requirement

The registered provider must ensure that patients are able to summon assistance from their beds.

One patient we spoke with raised concerns about other patients and did not always feel comfortable in their presence. We reviewed documentation and felt the registered provider had put in sufficient measures to safeguard the patients concerned.

Nutrition

Patients chose their meals from the six-week menu plan that provided a balanced diet. In addition, we were told that alternative meals were available in response to individuals' cultural requirements or preferences.

As part of patient rehabilitation care, patients were encouraged and supported to cook their own meals. Where patients had Section 17 Leave authorisation, they could also undertake food shopping as part of their community focused rehabilitation activities.

There were suitable facilities available for patients to make hot and cold drinks and we observed patients accessing the kitchen facilities in the Coed Bach day centre and saw that drinks were regularly provided to patients during the evening.

There were temporary dining arrangements in place while work on the hospital dining room was being undertaken. During the day, patients would have their breakfast and lunch within Coed Bach and their evening meals within the temporary dining rooms within St David's Hospital.

We observed lunchtime at the day centre and saw that patients and staff chose their options which the chef prepared. It was positive that patients were served food on plates as opposed to take away trays as was the case during our previous inspection. As with our previous inspection, we noted that the dining experience could be enhanced by giving consideration to the presentation of the dining tables and consider having table cloths.

We noted that, within the secured corridor leading to the hospital kitchen, there were two metal containers containing dried milk and sugar inappropriately stored on the floor..

Requirement

The registered provider must ensure that foodstuff is appropriately stored.

Medicines management

On the whole, we found safe management of medication at the hospital. The clinic room was locked and medication was stored securely. There was a weekly clinical audit in place to ensure that all emergency equipment was present in case it was required.

It was evident that staff monitored the clinic fridge to ensure that medication was stored at the correct temperature as indicated by the manufacturer.

However, on review, we identified three occasions in the previous two weeks where this had not occurred.

Medication Administration Records (MAR) charts were seen to be completed as required. The recording of the administration and stock of controlled drugs was satisfactory.

During our observation of a medication round, we observed poor practice in relation to the administration of covert medication. The nurse in charge of the medication round passed the medication, which was within a patient's food, to the patient and did not observe the patient consume the medication before signing that the medication had been administered.

Requirement

The registered provider must ensure that registered nurses observe that a patient has consumed (covert) medication before signing the medication chart to indicate that medication has been administered.

Quality of management and leadership

There was a committed staff team who appeared to have a good understanding of the needs of the patients at St David's Hospital.

The registered provider should review their rota arrangements to ensure that staff work with different members of staff so that good practice can be shared between staff and to reduce the possibility of teams establishing practices that negatively impact on the consistent provision of care at the hospital.

The registered provider must ensure there is sufficient numbers of staff employed to meet the hospital's Statement of Purpose and the needs of the patients; and that all staff receive appropriate and regular training, supervision and appraisal.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery.

It was positive that, throughout the inspection and at the feedback session, the staff at St David's Hospital were receptive to our views, findings and recommendations.

Despite the challenges they faced in order to meet patients' complex, changing needs, our observations and discussions held with staff throughout the inspection clearly demonstrated that they worked effectively as a team. This included multidisciplinary staff along with axillary staff such as the domestic staff, cooks and the administrative staff.

Workforce planning, training and organisational development

The hospital had a multi-disciplinary team in place which included a newly appointed responsible clinician, registered nurses, a forensic clinical psychologist, a psychology assistant, a senior social worker, an occupational

therapist, three occupational therapist assistants and a team of health care support workers.

Staff reported that the multi-disciplinary team worked in a professional and collaborative way and those individual professional views were valued and considered as part of the multi-disciplinary care.

Nurses and health care support workers worked 12 hour shifts from 8am to 8pm and 8pm to 8am, with other multidisciplinary team members present throughout the day. The hospital also used a twilight shift where staff members would be present from the afternoon until midnight to assist with patients' evening routines.

On reviewing staff rotas, it was evident that there were regular shift patterns for staff members. However, there was little rotation of individual staff between teams. Therefore, some staff members would only work with the same colleagues and never with others. It would be beneficial for staff to work with as wide a range of staff members so that good practice can be shared between and the possibility of teams establishing any practices that impact negatively on a consistent provision of care at the hospital Reduced. However, we understand that the current staff rota provides regular shift patterns for staff commitments outside of work which also needs to be maintained.

We recommend that the registered provider review staff rotas to ensure that, where possible, staff rotate and work with different team members whilst providing staff with regular shift patterns for staff commitments outside of work.

Staffing levels during our visit were appropriate for the patient group. However, some staff raised concerns that there were times when there were insufficient staffing levels, particularly if there was a need to undertake enhanced patient observations.

At the time of our inspection, with reference to the hospital's Statement of Purpose, there were vacancies seven health care support workers. The registered provider must recruit to these vacant positions; this would provide the registered provider with greater resilience and flexibility to address staff absences or when additional staff are required for enhanced patient observations.

Requirement

The registered provider must ensure that the staff establishment meets the hospital's Statement of Purpose.

Compliance with mandatory training was good. We reviewed the training matrix and we could see high completion rates (75%+) in all-but-one mandatory training course, *Mental Capacity Act and Deprivation of Liberty Safeguards*, which was at 19%. The registered provider assured us that staff would be completing the required training with sessions booked in for the following three months.

Requirement

The registered provider must ensure that staff complete their mandatory training.

We spoke to staff and they confirmed that they received mandatory training and are prompted when training is due to expire. Speaking to staff, it was felt that they would benefit from additional specific training in relation to the patient group that they care for, e.g. dialectic behavioural therapy, dealing with people with a sexual offending history, etc. We recommend that the registered provider arranges additional training for staff to better meet the patient group's needs.

It was evident that staff were undergoing annual appraisals and regular supervision. However, we noted, for one registered nurse who was working during our inspection, the details held by the registered provider indicated that they had not received supervision since June 2015. There were a number of staff whose annual appraisals had exceeded 12 months.

Requirement

The registered provider must ensure that all staff receive appropriate and regular supervision and appraisal.

4. Next steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at St David's Independent Hospital will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

5. Methodology

HIW inspections of mental health services seek to ensure services meet the requirements of the Independent Health Care (Wales) Regulations 2011 and National Minimum Standards (NMS) for Independent Health Care Services in Wales⁶. Where appropriate, HIW also consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Mental health service inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate

⁶ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services.

<http://www.hiw.org.uk/regulate-healthcare-1>

- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. For independent services, the registered provider of the service will be notified of urgent concerns and serious regulatory breaches via a non-compliance notice⁷. These findings (where they apply) are detailed within Appendix A of the inspection report.

⁷ As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

Appendix A

Mental Health Service: Improvement Plan

Service: St David's Independent Hospital

Date of Inspection: 20 & 21 March 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The registered provider should canvas their staff for ideas and suggestions for additional activities at St David's Hospital.	8	All staff have been canvassed for their views and ideas over the last few years. There is a suggestion box and staff are encouraged to make suggestions and propose ideas as well as at supervisions and staff meetings. A number of suggestions have been taken forward an introduced in the service. However as this has been raised during the inspection we will revisit this with staff and formally canvass them for ideas and suggestions.	Sean Holcroft (Registered Manager) Clinical Lead Nurse Senior Nurses Members of the MDT Kevin Shields (Responsible Individual)	End of April 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
8	The registered provider must undertake a refurbishment of the occupational therapy kitchen to ensure it is appropriately maintained and equipped.	8	This is an item that has been raised prior to the inspection and this is on the agenda for discussion at the next management review meeting with the executive management team which will take place in May 2017	Sean Holcroft (Registered Manager) Executive Management Team Kevin Shields (Responsible Individual)	May 2017
8	The registered provider should invest in improving the Sensory Room to greater benefit the patient group	8	As with the item above this will be discussed with the executive management team at our review meeting in May 2017	Sean Holcroft (Registered Manager) Executive Management Team Kevin Shields (Responsible Individual)	May 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Delivery of safe and effective care					
10	The registered provider must review patient files to ensure that pertinent information is easily accessible and files do not hold outdated or duplicated information.	20	We are working towards the introduction of electronic patient records for hospitals within Mental Health Care UK (MHC) and work is well underway on this, hopefully for completion this year. However in the interim we will work with our colleagues in MHC Hospitals to ensure that we have a synchronised approach and that patient records are pertinent and information is easily accessible.	Sean Holcroft (Registered Manager) Clinical Lead Nurse Senior Nurses IT Department MHC Hospitals	July 2017
10	The registered provider must ensure that staff record that they have read and understood each patient's Positive Behavioural Support (PBS) Plan.	20	We will continue to ensure that all staff are involved in the creation of PBSP Plans led by our forensic and assistant psychologist and once agreed by the MDT these will be circulated to all staff who will sign to indicate that they are aware of and have understood these. We will also have knowledge exchange sessions for staff to ensure that they fully understand the contents of PBSP's.	Sean Holcroft (Registered Manager) Forensic and assistant Psychologist Staff Team MDT Members	Ongoing 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
11	The registered provider must ensure that shower rooms are appropriately equipped to prevent the build up of mould and mildew.	12	This has now been rectified and the shower rooms have been redecorated with specialist mildew retardant paint. This will be monitored by estates/hospital staff and if the problem persists then other alternate measures will be taken to rectify this problem.	Sean Holcroft (Registered Manager) Estates Team Staff Team Executive Management Team Kevin Shields (Responsible Individual)	Work already completed however this will continue to be monitored and reviewed.
11	The registered provider must ensure that toilet facilities are kept clean and free from stains.	12	This has already been resolved and housekeeping staff have been spoken with regarding doing checks and cleans as have the general staff team. We will apply monitoring forms in each toilet area for when they have been cleaned.	Sean Holcroft (Registered Manager) Housekeeping Staff Staff Team	Ongoing 2017
11	The registered provider must ensure that patients are able to summon assistance from their beds.	22	We are reviewing the alarm call system to ensure that all patients can activate the alarm calls in their bedrooms.	Sean Holcroft (Registered Manager) Estates Team	End of May 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
12	The registered provider must ensure that foodstuff is appropriately stored.	14	This problem was due to the ongoing refurbishment of the kitchen area when the inspectors visited the site. This issue has now been resolved.	Sean Holcroft (Registered Manager) Catering staff	Completed immediately following inspection
13	The registered provider must ensure that registered nurses observe that a patient has consumed (covert) medication before signing the medication chart to indicate that medication has been administered.	15	All qualified nurses have been seen and reminded of their responsibilities regarding administration of medication and covert administration of medication. The nurse in question has had a file note attached to their personal file regarding this matter. Support staff have also been informed that they cannot deliver covert medication to any patient. The covert medication care plan for this patient has been amended to reflect this.	Sean Holcroft (Registered Manager) Nursing Staff Team Support Staff	Completed immediately after inspection

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of management and leadership					
15	The registered provider should review staff rotas to ensure that, where possible, staff rotate and work with different team members whilst providing staff with regular shift patterns for staff commitments outside of work.	24	<p>This has been raised with staff following the inspection and they are being canvassed for their ideas regarding future possible shift patterns which will be reviewed and discussed with them prior to any changes being implemented.</p> <p>This is also being discussed with the people's services team to ensure that contractual issues for staff are considered.</p>	<p>Sean Holcroft (Registered Manager)</p> <p>Executive Management Team</p> <p>Kevin Shields (Responsible Individual)</p> <p>Peoples Services Team</p> <p>Salaries and Wages Team</p> <p>Staff Team</p>	Review to be completed by July 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
16	The registered provider must ensure that the staff establishment meets the hospital's Statement of Purpose.	24	<p>Whilst it is acknowledged that the inspectorate team were informed that there were shifts where there were staff shortages, this is in fact not accurate as this has been the exception rather than the norm.</p> <p>There have been many occasions as the staff rotas will verify where staff numbers have exceeded the required numbers and there have been more staff on duty than patient numbers present.</p> <p>We agreed with HIW a voluntary embargo on admissions during the refurbishment process and therefore the hospital has been running on reduced patient numbers for quite some time.</p> <p>We are currently in the process of recruiting to held vacancies as the refurbishment is now nearing completion and we will soon be anticipating further admissions.</p>	<p>Sean Holcroft (Registered Manager)</p> <p>Senior Nurses</p> <p>MDT Members</p>	Ongoing 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
16	The registered provider must ensure that staff complete their mandatory training.	24	All staff are encouraged to complete their mandatory training and specific sessions have been arranged with the training department who will facilitate these at St David's to ensure that all mandatory training for staff is completed especially concerning the MHA and MCA as identified during the inspection.	Sean Holcroft (Registered Manager) Training Department Staff Team MHA Manager	End of June 2017 And Ongoing
16	The registered provider should arrange additional training for staff to better meet the patient group's needs.	24	We are canvassing the views of staff to ascertain what specific training they require and are currently in discussion with the training department regarding skills enhancement training for all members of staff to ensure that we provide training in line with our Statement of Purpose Requirements. We are also looking to provide in house training for staff through a knowledge exchange programme and staff are encouraged to attend additional training/courses provided by external providers to enhance	Sean Holcroft (Registered Manager) MDT Members Training Department Staff Team	Ongoing 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>their knowledge and skills.</p> <p>Further to this all staff are encouraged to undertake QCF training courses.</p>		
16	The registered provider must ensure that all staff receive appropriate and regular supervision and appraisal.	24	We are striving to ensure that all staff receive supervision on at least a bi-monthly basis. This will be driven by the Clinical Lead Nurse and the Senior Nursing staff and will be audited through the Clinical Governance process with statistics being provided and reviewed on a monthly basis.	Sean Holcroft (Registered Manager) Clinical Lead Nurse Senior Staff Nurses MDT Members	Ongoing 2017 and Onwards

Service representative:

Name (print): Sean Holcroft

Title: Registered Hospital Manager, St David's Independent Hospital

Date: 11th April 2017