

**Mental Health/ Learning
Disability Inspection
(Unannounced)
Aderyn Hospital**

17 – 19 May 2015

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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 2005 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

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.

- 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.

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability visit to Aderyn Hospital on the afternoon of the 17 May and all day on the 18 and 19 May 2015.

The hospital was first registered in 2001 to provide a brain injury service; however, since 20 October 2006 the registration had been varied to provide 19 beds for male patients aged 18 years and upward in need of psychiatric rehabilitation. Additional conditions of registration specify that the patients must have a mental disorder and maybe liable to be detained under the Mental Health Act 1983. Aderyn is also registered to provide a day service to a maximum of two patients as part of their rehabilitation programme and preparation for discharge. The hospital is owned by Partnerships in Care and functions as an outlying ward of Llanarth Court Hospital, near Abergavenny.

4. Summary

Our inspection to Aderyn hospital in May 2015 was a positive visit with many areas of noteworthy practice in operation. We found scope for improvement but were also pleased to reflect positive findings and it was pleasing to note the improvements made since our last visit in March 2014.

Staff and patients were welcoming throughout our visit and engaged positively with the inspection process. We identified morale as variable amongst staff due to changes in operational systems and unit developments and this area requires attention. It was pleasing to note the significant improvement in mandatory training since our previous visit in March 2014.

The hospital environment was clean and tidy during our visit; however consideration needs to be given to the shift pattern of the housekeeper because after 1pm during weekdays and over weekends, no housekeeping staff were available. It is not acceptable that staff are used to fulfill these duties in the absence of housekeeping and taken away from patient care.

We identified a number of areas throughout the hospital that required attention, specifically the water cooler on the first floor that held stagnant water in the drip tray which presented an unpleasant smell. The fridges in the practice kitchen contained food items that were well past their used by dates. The maintenance of some parts of the hospital gardens and court yard need attention as did the rear of the hospital building which had flaky paint work and weeds growing from the rendering. The clinic/treatment room required upgrading because the fronts of some drawers were missing and the flooring was damaged. Other areas of the hospital, including the dining room, appeared bleak because there was a lack of art work/pictures on display. It was confirmed that a maintenance plan was in place to replace, redecorate and upgrade furniture and fittings throughout the hospital. It is essential that all areas of the hospital are reviewed to ensure a comprehensive maintenance programme is undertaken.

Patient feedback regarding the food served at the hospital continued to be positive, with good portion sizes served. A review of the dining experience is required to ensure tables are laid appropriately, however, kitchen staff work well with patients and staff and ensure any dietary requests are catered for.

The level and depth of care plans had vastly improved. The use of the Care Notes system was comprehensive and prompts were built into the system to generate and support good practice. The clinic room check and medication management checklist introduced and used was an example of good practice and management.

The individual care review meetings were patient centred and the multi disciplinary team worked well together. There were well developed links with a local GP and physical health nurse.

Aderyn provided good community links, offering the patient group opportunities to study at colleges, work experience and general social interaction. A review of staffing levels is required to ensure that activities are maintained as identified in patient care plans. In addition, at the time of our visit, two hospital vehicles were not available due to maintenance and as a result one patient had two trips cancelled because the vehicle was required for other journeys.

The hospital had built good communication, trust and networks with the local community which had benefitted relationships for the patients, staff and local community.

Our review of the Mental Health Act records highlighted they were in order and legal documentation was up to date and compliant with the Mental Health Act.

5. Findings

Core Standards

Ward environment

Aderyn hospital has two floors, with the first floor containing the majority of patient bedrooms, bathrooms and computer room. Patients could access the first floor via the staircase or a lift, which staff operated with a key. The first floor had a water cooler in the corridor which had a pungent smell due to stagnant water in the water tray. This was raised with staff at the time and the water cooler was cleaned thoroughly, with staff confirming this would in future be checked on a regular basis.

On entering Aderyn hospital, you arrive into a large entrance hall off which a number of rooms were situated. The entrance hall displayed a number of notice boards, displaying information including a bus timetable, notices of forthcoming meetings, elevenses and an information board listing times when patients leave and return as well as named nurse information. A suggestion box was also situated in the hallway, which could be used by everyone, including visitors.

A lounge/session room with nine easy chairs was situated off the hallway. The room was pleasant with views overlooking the hospital grounds. The room had a bookcase with books and DVDs and there were pictures on the wall. A number of plants were located in the lounge which belonged to a patient at Aderyn.

Opposite the lounge/session room was the Blue room and conservatory. At the time of our visit staff and patients were playing pool in the conservatory, which also had a collection of gym equipment and a dart board. The room was bright and again overlooked the grounds of the hospital. The Blue room was a large room, with blue walls and sufficient seating for the patient group. A TV and DVDS were available as was daily newspapers, fruit and plants. Staff confirmed that new furniture had been ordered because the current furniture was worn and more suitable to a medium secure setting.

A separate dining room was situated opposite the nursing office and the room was adequately decorated and had a menu and meal-times displayed. The room had sufficient tables and chairs for the patient group to eat together. We noted the dining room at the time of our visit had no pictures on the walls so it appeared bleak and during meal times there were no table cloths or water on the table. These areas identified need to be considered in order to enhance the patients dining experience.

A small room provided a payphone facility which enabled patients to make calls to family and friends in private. The room had a chair and the phone was in working order and incoming calls could also be transferred to this phone.

Towards the rear end of the building was a coffee room in which patients could make drinks at any time. The kitchen area was clean and a fridge and water cooler were available. A few chairs were placed in the room which overlooked and opened out onto a courtyard area. The courtyard area had brightly painted walls, seating and a shelter and the space was mainly used as a smoking area. Around the outsides were flowerbeds which required attention because weeds had taken over the flowerbeds. Some seating was situated in the middle of the courtyard and buckets were used as bins, which at the time of our visit were full and needed emptying. The courtyard space would benefit from some attention and maintenance because of what we identified and it could provide opportunities for patients to maintain.

A laundry room was available for patients to launder their own clothes and timetabled slots were given to patients to use the machines. An interview and quiet rooms were also available. The rooms had chairs and pictures on the wall and could be used by staff, patients and visitors. Patients had their own lockers to store their personal items and a number of offices for occupational therapy and psychology was situated downstairs.

The practice kitchen provided facilities and equipment for patients to prepare and cook their own food. During our visit we found a number of items in the fridge that had passed their sell by date.

Adjacent to Aderyn hospital is a cottage which is a two bedded step down facility, providing semi independent living for patients. Within the cottage there were meeting rooms and a woodwork workshop. The garden area at the rear of the cottage was not in keeping with the grounds at the entrance of the hospital and therefore required attention.

Some areas of the hospital were tired looking and required attention and refurbishment. We noted a lack of patient art work/pictures displayed throughout the hospital which would have enhanced the patients ownership and personalization of patient areas. The rear of the hospital building had weeds growing from the rendering and paint work was flaky. The clinic room also required attention, especially the flooring which was damaged and front drawers were missing and need replacing. Staff did tell us that a maintenance plan was in place and some of the areas we identified as requiring attention will be completed in due course.

The cleanliness of the environment during our visit was good, although we did have sight of emails from May 2015 when the environment had been in a poor state because the housekeeper was not on duty. There are no

housekeepers on duty at weekends or after 13:00hrs during weekdays. In addition, no one specifically covered the housekeeper when they were on annual leave or sickness and it was during one of these occasions, when the housekeeper was absent, that the emails dated May 2015 refers too and the standards of cleanliness were poor as a result. It is essential that the cleanliness of the environment remains at a high standard at all times and a review of housekeeper cover is required to ensure weekends, leave and weekdays after 13:00hrs are covered by a specific housekeeper.

Requirements

Regular maintenance, cleaning and checking of equipment and food items is required to ensure they are clean, useable and edible, with specific attention paid to the water coolers and food items stored in fridges.

A review of the dining experience is required to ensure tables are set appropriately and water is provided.

A programme of maintenance is required to ensure the hospital maintains satisfactory standards. Particular attention is required to the grounds and court yard weeds to be removed from the rendering of the hospital building and flaky paint work addressed. The clinic/treatment room requires attention to replace missing draw fronts and damaged flooring.

A review of housekeeping hours is required to ensure weekends, afternoons and periods of leave are covered without taking away staff from direct patient care.

Safety

All of the patients we spoke to said they felt safe at Aderyn and no staff raised any safety concerns. The hospital's main entrance was locked therefore all visitors must ring the door bell to gain access. Patients had swipe cards that would enable them to leave the building. All staff during our visit wore personal safety alarms and HIW were provided with them during our time at the hospital.

Staff told us that in the absence of the housekeeper, housekeeping duties would be undertaken by staff. Concerns were raised that this situation puts extra work upon staff and takes them away from direct patient care. Staff also expressed concerns when undertaking the housekeeper duties of cross infection and a lack of protective clothing.

It was pleasing to note the improvement in the clinic/treatment room that we identified in March 2014. Audits had been introduced which were completed and signed off by management and all equipment had been calibrated in February 2015.

Aderyn hospital had established good communication and networks with the local community. Following a recent patient absconsion, staff at Aderyn alerted the local community and then informed them once the patient had been found. This practice has benefitted everyone in the community and as a result has built up good trust with the local community.

Requirement

Housekeeping cover must be provided for periods of absence that does not impact on staff providing patient care.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a regular basis and all disciplines are represented including Psychology, Occupational Therapy, Doctors and Nurses. Staff told us that MDT meetings are collaborative, professional views and opinions from all disciplines are sought and staff felt respected by each other.

We attended an Individual Care Review meeting and noted how inclusive all the members of the meeting were and how the meeting centred around the needs of the patient.

Privacy and dignity

All the patients we spoke to said they felt safe at Aderyn and when they were admitted were shown around the hospital. One patient told us of his role as a 'buddy', in which he shows new patients around and helps them settle in.

All patients had their own bedroom in which they were able to have their own belongings. Patients were able to lock their bedroom doors and they said their privacy and dignity was respected, with staff knocking on bedroom doors before entering.

The hospital had facilities to enable patients to meet with family and friends in private and a payphone was available for patients to use. The patients we spoke to said they had a named nurse who they could meet with in private.

Staff told us that the hospital had sufficient space to enable patients adequate privacy and dignity and during our visit we observed good staff and patient interactions with staff treating patients with dignity and respect.

Patient therapies and activities

Aderyn offered the patient group a wide variety of activities and therapies. A morning/diary meeting takes place every day in which the schedule for the day is discussed. The meetings were nurse led and patients were encouraged to attend. During our visit we observed two morning/diary meetings taking place and the meetings were attended by available staff and on both meetings eight patients were present. The meetings discussed what was going on during that day and included laundry slot times, various groups taking place such as healthy living, self catering and Wellness Recovery Action Plan (WRAP), shopping, ground walks, trips and patients were told which nurse's were looking after them.

The majority of patients we spoke to said there were enough activities going on at the hospital and all patients had been asked what they like to do. Patients had their own personal timetable and a generic activity timetable was in place and displayed in patient areas. Psychology confirmed that activities change depending on the patient group and every 12 weeks, planning meetings take place which involve the patient group as much as possible to ensure the activities and therapies are relevant for the patient group.

The hospital provided good facilities for patients to use, including gym equipment, a dart board and pool table in the conservatory area. A woodwork workshop was available in the cottage and a room storing bicycles was available, in which patients could undertake repairs. Board games, newspapers, books, DVDs, quizzes and karaoke would also take place throughout the week.

There were opportunities for patients to engage with community activities, including one patient attending a local college, some patients using the local swimming pool and some patients undertook voluntary work with Home Makers which is a project recycling old furniture into new furniture. One patient had responsibility for collecting newspapers on a daily basis from the local newsagent.

An education suite with some computers was available for patients to use and two days per week a tutor provides courses for patients in which they can get a qualification.

Discussions with Occupational Therapy (OT) staff confirmed that all patients receive an assessment upon admission to Aderyn. OT confirmed they run a number of groups per week including a healthy eating group; self care group in which personal appearance, emotional needs and financial issues are discussed and a social skills group, covering self esteem and motivation matters. Cooking and self catering groups were also in place and supervised by OT staff.

During our visit we observed a WRAP (Wellness Recovery Action Plan) group taking place which was psychology led. The session was about triggers and was interactive with the patient group. The session enabled patients to discuss and debate situations in which triggers might occur. Patients were provided with a handout and given the opportunity to populate the handout in their own time regarding their personal situations in which negative triggers might occur.

Staff we spoke to said there were plenty of activities on offer for patients and days were quite full. Staff said there had been an increase in patient involvement of what patients would like to do. However, patients we spoke to told us of the movement of the discovery trip from weekends to weekdays, which they were not keen on. Staffing levels at weekends needs to be reviewed because two patients were not able to undertake activities that had been identified in their care plans. Staff told us that patients had not been able to attend church on a weekend due to staff shortages. In addition, during our visit two hospital vehicles were not available and as a result a patient had two trips cancelled because the only available vehicle was being used for other journeys. Staff did say that patients would be supported to use public transport if necessary.

Patients had access to a GP who would visit Aderyn twice a week, a chiropodist visited on a regular basis and a physical health nurse supported staff regarding patient physical health care. A chaplain also visits Aderyn on a regular basis.

Advocacy services were in place to support patients when they required it. Posters were displayed with advocacy contact information and the patients we spoke to said they knew how to contact an advocate. Staff confirmed that an Independent Mental Health Advocate (IMHA) and Hafal advocate visit weekly or more if required.

Requirement

A review of staffing levels is required to ensure that activities are maintained as identified in patients care plans.

Food and nutrition

All the staff we spoke to said the meals served at Aderyn were of good quality and nutritionally varied. The majority of patients we spoke to also confirmed they enjoyed the meals, stating the food was cooked well. Patients had access to drinks and snacks outside of set mealtimes and could also buy and store their own food. Patients with specific dietary requirements had menus devised to accommodate their needs.

Patient feedback regarding portion sizes was positive, stating they had enough to eat and never went hungry and staff confirmed that patients had plenty of food. A review of a patient audit regarding food which was undertaken in March 2015 showed that patient satisfaction regarding the food served, choice of food and balanced menu was in keeping with what we had identified during our visit.

Feedback regarding food could be made in the comments book which was left in the dining room and there were patient forums in place in which food would be discussed.

Staff told us that patients were weighed on a regular basis. There was no dietician in place at the time of our visit and nursing and occupational therapy staff were working with catering staff regarding healthy lifestyle needs, with the chef looking into providing nutritional values of the meals provided.

Training

A review of 10 staff files identified that all pre-employment information was kept at Llanarth Court HR department. Confirmation was provided to evidence that the files reviewed had a current Disclosure and Barring Service (DBS) check in place. All employment checks, including references, medical declarations and professional qualifications/registrations were up to date with nothing outstanding.

An appraisal system was in place for staff and the files we reviewed had evidence that appraisals for 2014 had taken place. Staff supervision was also taking place. The Aderyn supervision table for May 2015 showed that managerial, group and reflective practice sessions had taken place for the majority of staff. The clinical supervision column was empty and some staff said they require clinical supervision.

Aderyn's mandatory training statistics highlighted a significant improvement in staff training since our last visit in March 2014. Out of 24 mandatory courses, 17 were at 100% compliance. The lowest percentage was at 81.5% compliance for breakaway and de-escalation, however there were staff booked onto the courses for June and July 2015.

Staff said there were opportunities to undertake external training and the majority of staff we spoke to had received training in the Mental Health Act 1983 and Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) training needs to be introduced and delivered for staff because very few said they had received training in this area. In addition, due to the introduction of the Care Notes system, some staff said they require additional training on computers regarding the Care Notes system.

A review of the complaints file highlighted that only one complaint had been made in 2015. The complaints file did not have a complaints log on file to provide an overview of all complaints, but a complaints log check was in place. All paperwork relating to the complaints we reviewed was applicable, however one complaint did not have a copy of a letter on file that an email referred to.

Staff morale was variable amongst some staff due to changes in operational systems and unit developments. Staff we spoke to highlighted further training on computer systems due to the introduction and on-going usage and development of the Care Note system. In addition, a lack of computers for staff to use was causing some frustration. It is essential that staff have access to computers in order to complete their work in a timely manner.

Requirements

Clinical supervision needs to be provided for all staff and undertaken on a regular basis.

All staff require comprehensive training on the Care Notes system to enable proficient patient records are maintained.

All complaints need to have on file comprehensive information and evidence to demonstrate the reason for the outcome.

A review of the issues that were causing levels of variable staff morale is required with a view to improving it.

Application of the Mental Health Act

We reviewed the statutory detention documents of five of the detained patients being cared for at Aderyn hospital at the time of our visit. The following noteworthy issues were identified:

- The Care Notes system used to record Mental Health Act information was very comprehensive, with prompts within the system to promote and support good practice. For example, the escort Baseline Risk Assessment had to be in place on ECR before consent for leave was actioned.
- All the records reviewed were in order and legal documentation was up to date and compliant with the Act.
- There was a clear record of patients informed of their rights under Section 132 and Consent to Treatment documentation was stored electronically on the Care Notes system as well as stored with the medication/kardex notes.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation for four patients at Aderyn hospital and identified the following observations:

- The standard documentation was detailed and comprehensive
- Relevant assessments were completed and care plans were developed for each patient
- Care plans were reviewed regularly via Individual Care Review (ICR) meetings and documented as necessary
- One file reviewed had no named care coordinator from the community listed and their last CTP was in February 2015
- The care plans reviewed were patient centred, clearly stating the treatment plan, objectives and outcomes to be achieved.
- All files reviewed had evidence of a full physical health assessment and assessments were evidenced based and reflected best practice.

Requirement

To ensure all patients have an identified care coordinator.

6. Next Steps

Aderyn 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 Aderyn 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.

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

Recommendation	Regulation	Action	Responsible Officer	Timescale
Regular maintenance, cleaning and checking of equipment and food items is required to ensure they are clean, useable and edible, with specific attention paid to the water coolers and food items stored in fridges.	26 (2) (a) (b)	<p>The water cooler was immediately cleaned and out of date food was immediately disposed of during the visit.</p> <p>The Night checklist was amended during the visit to incorporate the checks of the water cooler and fridge food checks.</p> <p>Sporadic management checks are now in place to ensure compliance with the night check.</p>	Hospital Director	Actioned immediately on the 17 th May 2015
A review of the dining experience is required to ensure tables are set appropriately and water is provided.	15 (1) (a)	<p>Dining experience was raised with the patient group within the community meeting on 21st May 2015 and the patients stated that they do not want the tables pre-set or to use a tablecloth, they want to continue to use their trays.</p> <p>New blinds to be fitted, as previous blinds were out dated and were taken down when the room was re-decorated.</p> <p>Pictures to be ordered for this room, area has been measured in anticipation of patient pictures being mounted on the walls.</p> <p>Previous pictures were again out dated and were removed during the re-decoration.</p>	Hospital Director	<p>Complete</p> <p>Complete</p> <p>By 30th September 2015</p>

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

Recommendation	Regulation	Action	Responsible Officer	Timescale
		Jugs of water have always been available on the tables and we will continue to offer this.		
A programme of maintenance is required to ensure the hospital maintains satisfactory standards. Particular attention is required to the grounds and court yard; weeds to be removed from the rendering of the hospital building and flaky paint work addressed. The clinic/treatment room requires attention to replace missing draw fronts and damaged flooring	26 (2) (a) (b)	Programme of maintenance activities compiled and periodically reviewed to check against compliance. Ivy immediately removed from the render and area repainted Courtyard has been redecorated HIW were aware during the visit that this area was being addressed imminently, work completed as per existing schedule.	Hospital Director & Maintenance Manager	Ongoing Completed Completed Completed.

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

Recommendation	Regulation	Action	Responsible Officer	Timescale
A review of housekeeping hours is required to ensure weekends, afternoons and periods of leave are covered without taking away staff from direct patient care.	15 (8) (c) (i)	A review has been undertaken and arrangements are being made to recruit for additional hours for housekeeping department and to provide cover for annual leave.	Hospital Director	30 th September 2015
Housekeeping cover must be provided for periods of absence that does not impact on staff providing patient care.	20 (1) (a)	A review has been undertaken and arrangements are being made to recruit for additional hours for housekeeping department and to provide cover for annual leave.	Hospital Director	30th September 2015
A review of staffing levels is required to ensure that activities are maintained as identified in patients care plans.	20 (1) (a)	We have had a recent planning week and we have reviewed all patient care plans with the patients. During this process we were mindful of staffing rotas and amended them to ensure that staffs are available to facilitate sessions to meet the patients' needs and requests. When there are specific activities/outings that require extra staffing/escorts, we plan these in advance with the patient and ensure that the extra resources are available. Discussion within the MDT has focused on the need to ensure that	MDT	Completed in planning week 06.07.2015 and will be reviewed at every ICR.

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

		<p>prescribed leave is realistic and achievable in addition to meeting identified needs.</p> <p>Any unmet need will be reviewed at the ICR meeting which is held every 4 weeks.</p>	MDT	
Recommendation	Regulation	Action	Responsible Officer	Timescale
Clinical supervision needs to be provided for all staff and undertaken on a regular basis.	20 (2) (a)	<p>Clinical supervision has always occurred at Aderyn however there was no formal documentation or audit of this. As a result we have formulated a plan to ensure clinical supervision sessions are being captured and all staff is involved in this process.</p> <p>Clinical Supervision Plan:</p> <ol style="list-style-type: none"> 1. Practice development nurse to deliver training to all registered nurses at Aderyn. 2. Group Nursing Development lead, will deliver training to all registered nurses on revalidation which highlights the importance of clinical supervision. 3. All nursing staff at Aderyn to be given an identified clinical supervisor. 4. Issue a PiC supervision passport to all nursing staff. 5.6 Weekly clinical supervision statistics to be recorded on the 	<p>Practice Development Nurse</p> <p>Group Nursing Development Lead</p> <p>Ward Manager or Charge Nurse</p> <p>Ward Manager or Charge Nurse</p> <p>Ward Manager</p> <p>Ward Manager or</p>	<p>31st August 2015</p> <p>30th September 2015</p> <p>Completed 30th September 2015</p> <p>31st August 2015</p> <p>Ongoing</p>

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

		<p>supervision table.</p> <p>6. In addition to the above, group supervision and reflective practice/ support meetings are offered on a weekly basis.</p> <p>All qualified staff has been sent information regarding revalidation.</p> <p>During managerial supervision, the supervisor will check supervision passports to ensure that clinical supervision is being accessed.</p>	<p>Charge Nurse</p> <p>Ward Manager or Charge Nurse</p> <p>Ward Manager or Charge Nurse</p>	<p>Completed 13 July 2015</p> <p>Ongoing</p>
Recommendation	Regulation	Action	Responsible Officer	Timescale
All staff require comprehensive training on the Care Notes system to enable proficient patient records are maintained.	20 (1) (a) & (2) (a)	<p>Care notes training will be provided as part of regular managerial supervision.</p> <p>Ward Manager and Charge Nurse will continue to provide IT/Care notes training in the staff support meetings held weekly.</p>	Ward Manager/Charge Nurse	31 st August 2015
All complaints need to have on file, comprehensive information and evidence to demonstrate the reason for the outcome.	24 (2) & (5)	<p>Complaints log is checked on a weekly basis and any complaints are then fed into the quarterly Clinical Governance meeting at Aderyn.</p> <p>We have a complaints file and also hold a file where correspondence from the complaints officer relating to each complaint is kept along with the outcome letters. Due to issues of confidentiality this is kept separately from the complaints log.</p> <p>The Hospital Director will be responsible for auditing the quality of</p>	<p>Hospital Director. Ward Manager Charge Nurse</p> <p>Hospital Director.</p>	<p>31st August 2015</p> <p>Completed</p> <p>31st August</p>

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

		<p>documentation relating to each complaint.</p> <p>For each formal complaint will be kept in a separate file for each individual complaint. This will also have a checklist of documentation which should be present and this will be audited by the Hospital Director on a weekly basis.</p>	<p>Hospital Director.</p> <p>Hospital Director.</p>	<p>2015</p> <p>31st August 2015</p>
Recommendation	Regulation	Action	Responsible Officer	Timescale
A review of the issues that were causing levels of variable staff morale is required with a view to improve it.	18 (2) (a) (b)	<p>The Regional Executive Director and the Regional Human Resources Manager have been approached to request them to run some more HR surgeries for staff. This will give staff the opportunity to raise any concerns that staff have.</p> <p>To continue to offer group staff support meetings and reflective practice sessions.</p> <p>We will ensure that there is a rotation of day and night staff to ensure that the night staff feel more integrated into the wider team and have more opportunities to contribute to their CPD.</p>	<p>Regional Executive Director Regional Human Resources Manager.</p> <p>Ward Manager/Charge Nurse/MDT</p> <p>Hospital Director</p>	<p>31st August 2015</p> <p>On-going</p> <p>31st August 2015</p>

Mental Health / Learning Disability: Improvement Plan

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Hospital: Aderyn

Date of Inspection: 17 – 19 May 2015

To ensure all patients have an identified care coordinator	15 (1) (a)	We will ensure that there is an identified external care co-ordinator on care notes for each patient. We will ensure this information is reviewed in each patients CTP/CPA meeting and records will be updated if needed. If there are any discrepancies with this information funding teams will be asked to identify an appropriate person.	MDT MDT	31 st August 2015 31 st August 2015