

**Mental Health/ Learning  
Disability Inspection  
(Unannounced)  
Regis Healthcare Hospital,  
Brenin & Ebbw Wards**

23 – 25 June 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1. Introduction .....	2
2. Methodology.....	3
3. Context and description of service .....	5
4. Summary.....	6
5. Findings.....	8
Core Standards.....	8
Application of the Mental Health Act .....	18
Monitoring the Mental Health Measure .....	19
6. Next Steps.....	20
Appendix A .....	21

## 1. Introduction

Our child and adolescent mental health services 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 Child and Adolescent mental health 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)<sup>1</sup>
- 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

---

<sup>1</sup> 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 Child and Adolescent Mental Health Services (CAMHS) visit to Regis Healthcare Hospital on the evening of the 23 June and all day on the 24 and 25 June 2015.

Regis Healthcare Ebbw Vale Hospital was registered on 15 January 2014 by HIW and is currently registered to provide care to 24 patients on two wards:

- Brenin Ward – low secure service for a maximum of 12 persons between the ages of 13 -18 years who require treatment for the primary category of psychiatric treatment and may be liable to be detained under the Mental Health Act 1983
- Ebbw Ward – an acute service for a maximum of 12 persons between the ages of 12 – 18 years who require assessment and treatment for mental health disorders. They may be detained under the Mental Health Act 1983 or admitted informally, if they are willing, and remain in hospital and comply with treatment.

The hospital's registered provider is Regis Healthcare Ltd, Regis Healthcare, Ebbw Vale Hospital.

During the three day inspection, we reviewed the ward, patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one Lay Reviewer and two members of HIW staff.

## 4. Summary

This was HIW's first full inspection visit to Regis Healthcare hospital, Ebbw Vale and we are grateful to all staff and patients who assisted us and engaged positively with the process. HIW observed good, positive communication between patients and staff, which were a difficult and challenging patient group.

The hospital has been registered to provide child and adolescent mental health services since June 2014 and we recognized that the service was still developing processes and systems that will improve the service provision.

We noted improvements in the care planning documentation which was being formulated via a multi disciplinary team approach and in collaboration with the patients. The care and risk plans reviewed were comprehensive and in depth and staff were proud that the improvements in their care planning documentation was going to be used as examples of good practice.

The care plans we reviewed had some omissions, such as missing details for next of kin and care co-ordinators and need to be updated and maintained.

We found a number of areas requiring improvement, with specific attention required regarding the environment on Brenin ward. We identified stained/marked carpets, paintwork damage, plaster coming away from a wall, no hand sanitizer available in some areas, a broken door hinge and food items not dated in the practice kitchen.

We were concerned at the level of cleanliness observed in the patient's toilets, which were dirty and stained and required a thorough cleaning. In addition, the laundry room had dirty clothes on the floor, in the sink and on top of the washing machines. Also, the light was not working and the secure door behind the washing machines which stored the plant electrics was open. In terms of infection control, it was unacceptable to have dirty clothes stored in this way.

On the evening of 23 June 2015, there was a considerable delay in staff answering the intercom and staff opening the main gates to the hospital. Staff must be able to respond efficiently to visitors wishing to gain access, especially if there was an emergency.

The multi disciplinary team (MDT) were working well together, meeting on a regular basis. New initiatives were being developed and one of those included psychology collecting and analyzing data following incidents and using this information positively to establish triggers and strategies.

There was good patient empowerment in place which included patients being part of the recruitment panel of new staff and also having input into staff training, whereby patients would give first hand accounts of how it feels to be restrained.

Staff and patients commented favorably in terms of the quality, variety and choice of food served at the hospital. The cook would ensure that all patients had food they enjoyed if they did not like what was on the menu.

The facilities available for activities and therapies were noted to be good, with provision for patients with section 17 leave to undertake community based activities. There were educational facilities and patients confirmed their enjoyment of the lessons. However, we were unable to evidence any baseline assessments of the patient's educational attainment. In addition, there were no vocational qualifications available for patients to obtain and this is an area that would benefit the patient group.

There wasn't a system of appraisal in place and this needs to be implemented for all staff. A programme of mandatory training was in place and some attention is required to ensure all staff are up to date, specifically for health and safety and managing violence and aggression and REACT training. It was good to note that psychology provided additional training for staff that was relevant to the service provided.

Not all staff had a documented induction and this needs to be addressed to ensure all staff including agency staff have this. It is essential all staff have access to, read and understand key policies because there was some confusion and lack of understanding during our visit.

Robust governance and audit systems and processes need to be implemented to ensure the hospital can grow, learn and identify organizational and operational strengths and weaknesses. In addition, Regulation 28 visits need to be conducted by the Responsible Individual and copies of reports submitted to HIW.

The standard of documentation in relation to the implementation of the Mental Health Act 1983 was comprehensive.

## 5. Findings

### *Core Standards*

#### **Ward environment**

Regis Healthcare hospital is a large building which has two wards, Ebbw and Brenin. Ebbw ward at the time of our visit had no patients residing on it and the environment was in good condition. The ward was brightly decorated and airy and furniture and fittings were in excellent condition. The ward was ready and appropriately furnished should patients be admitted.

Brenin ward was situated the opposite end of Ebbw ward and provided sufficient space for patients. The ward had a long corridor, off which were situated a number of rooms. Throughout the hospital and this ward there were colourful and brightly painted walls, with some displaying pictures and decals. The bottom lounge provided patients with a TV and DVD player as well as seating. The door entering the lounge was chipped and required re-painting.

From this lounge, patients could access an enclosed garden area. At the time of our visit, the garden required attention and some maintenance because the grass was uncut and weeds were growing between the paving stones. The garden had a bench and bean bags for sitting on. Some effort had been made to plant some flowers in the garden and the area would certainly benefit from further horticultural projects.

The ward had two separate patient bedroom areas, which were set up as one for females and one for males. However at the time of our visit there were no male patients accommodated. Patient bedrooms were all en-suite. Situated on the ward were patient toilets which at the time of our visit required attention. The toilets were dirty and marked and required a thorough cleaning. The toilets had a call button system available but due to safety issues had no toilet tissue available and this was provided by staff when required.

The ward had a de-escalation room which was sparsely furnished for low stimulus. A telephone room was available which had a payphone and seating. A nurse's office was located in the middle of the ward and opened up onto an area in which a pool table was situated. A door near the nurses office had a broken hinge which staff confirmed had been reported to maintenance. A room referred to as the music room provided a space to enable patients the opportunity to meet with staff or have a place for quiet time. Plaster work was coming away from the walls outside the door frame of the music room and requires repair.

The ward had their own laundry room which had no working lights and the caged area at the back which contained all the plant electrics had the door open. Patient clothes were strewn over the floor and it was impossible to distinguish if the clothes were dirty or clean because of this. The state of the laundry room at the time of our visit posed potential infection control issues.

The cleaner's cupboard also required attention because mops were inappropriately stored because they were left in water and they were grubby. Mops must be stored appropriately and cleaned regularly or replaced.

A second patient lounge was situated closer to the ward entrance, which also had a TV and sufficient seating available. Notice boards were situated in the lounge and corridor area. The notice board in the lounge displayed activity information and the corridor notice boards had advocate information, complaint information and other posters regarding patient post. A notice board displaying pictures of some patients and 'about me' text was a noteworthy addition to the ward. The carpets around this area were stained/marked and would benefit from being thoroughly cleaned.

The dining room provided space for patients to undertake some craft activities and during our visit we noted recently decorated face masks. The dining room displayed a breakfast menu and there were pictures displayed on the walls. A water cooler was situated in this room, however the drip tray required cleaning.

There was no hand sanitizer available on the entrance to the ward. We noted during our visit how noisy all the doors were when they closed and these could be clearly heard slamming. Although this was not an area of concern from staff or patients, consideration should be given to fitting door silencers to try and eliminate or decrease the unacceptable level of noise.

The second floor of the hospital had more patient bedrooms located as well as education, activity and therapy rooms. A designated gym room provided modern equipment including weight machines and cardio equipment and nearby was a salon, providing hair styling equipment for patients to use.

The therapy area contained two classrooms where patients undertook their lessons and in the open plan area surrounding the classrooms were book shelves containing books, a pool table, seating and tables. A computer room with three computers was available, all with internet access. One computer was set up for Skype should patients wish to use this form of media to contact family and friends. Psychology had a room for their therapy sessions which had a number of comfy seats. The therapy area was decorated with bright colours and posters, decals and some patient art work was displayed. Two clocks during our visit were not working and were not telling the correct time.

A practice kitchen provided the patients with opportunities to cook and prepare meals. The kitchen was fully equipped with utensils, equipment and food items. At the time of our visit the kitchen appeared dirty and required a thorough clean. In addition, items stored in the fridge had no dates to identify when the item was open and when it needed to be used by.

### ***Requirements***

***A review of the environment is required to ensure all areas are clean and well maintained. Specific attention must be given to:***

- ***The bottom lounge door which had chipped paint work***
- ***The grass and garden area in general needs cutting and tidying up***
- ***Patient toilets require a thorough cleaning to ensure all marks and stains are removed***
- ***The door with the broken hinge requires repair or replacing***
- ***Plaster work outside the music room needs repairing***
- ***The carpets on Brenin ward need cleaning to remove the stains***
- ***The drip tray of the water cooler in the dining room needs to be cleaned***

***A review of the laundry room on Brenin ward is required and systems put in place to stop dirty laundry being stored over the floors, sink and on top of the washing machines, which potentially had infection control issues.***

***The door to the plant electrics at the back of the laundry room needs to be locked at all times and the lighting in the room requires fixing.***

***The storage and cleanliness of mops in the cleaners cupboard require attention, specifically, mops must be stored appropriately and cleaned regularly or replaced.***

***Hand sanitizer needs to be available at all times.***

***The practice kitchen requires a thorough clean and items stored in kitchen need to be appropriately labelled to state when an item was opened and the expiry date.***

## ***Recommendation***

***It is recommended that door silencers are fitted to all doors to eliminate constant loud slams.***

## **Safety**

None of the staff we spoke to raised any safety concerns and all staff based on the ward had a personal alarm that could be used in an emergency. There were also nurse call alarms in bedrooms and other areas throughout the ward should a situation occur and assistance was required.

Some patients did comment that they didn't feel safe on the ward, citing some staff and other patients as the main causes of their feelings. This issue was raised with staff during our visit and we were satisfied with the reasons and actions taken.

Staffing levels during our visit were appropriate for the patient group and no concerns were raised regarding insufficient staffing levels.

On the evening of the 23<sup>rd</sup> June, there was a considerable delay in staff answering the intercom and opening of the gate. To gain access to the hospital site, HIW had to telephone staff to gain entry. This resulted in a staff member having to come out of the hospital and open the gates. This situation needs immediate attention because staff said the intercom was not heard on the ward and if an emergency was taking place this situation could have resulted in a unsatisfactory outcome.

The light in the laundry room was not working and as there was no other means of light available could have safety issues for staff using the room and machinery. In addition, the plant electrics at the back of the laundry room were open. It is essential that only authorized personnel access this area and when not required ensures the door is locked to prevent any accidents.

During our evening visit we found dirty clothing all over the laundry floor, in the sink and on top of the washing machines. In terms of infection control, this situation was unacceptable and there needs to be better processes in place for clothing to be stored prior to be washed.

## ***Requirement***

***A review of the system of allowing visitors onto the hospital site is required, specifically, the intercom system not being heard on the ward and staff having to go off the ward to open the gates.***

## **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 noted the effectiveness of MDT working by the formulation of comprehensive and in-depth care and risk plans which were devised in collaboration with the patients.

Psychology were collecting and analysing data following incidents and this was being used positively to establish triggers and strategies.

## **Privacy and dignity**

The patients we spoke to all had their own bedrooms with en-suite facilities. Patients told us that on the whole they felt their privacy and dignity was respected, that most staff would knock on their bedroom door before entering. Patients did say they would prefer to have bathroom privacy, however, at the time of our visit, patients were requiring different levels of observations which included bath and shower times. During these times female staff were always on observations.

The hospital had sufficient space for patients to receive visitors and there was a payphone available to maintain contact with family and friends.

## **General Healthcare**

A review of observational monitoring charts identified recording gaps for a patient between 2 -5 June 2015. Two records for the same patient for the same day following an incident of self harm on the 30 May 2015. It is essential observational records are appropriately maintained.

The emergency admissions process must be more robust to prevent inappropriate admissions.

### ***Requirements***

***Observational charts need to be completed and maintained appropriately with no gaps.***

***A review of the emergency admissions process is required to ensure the hospital can provide the necessary facilities and care to support all patients.***

## **Patient therapies and activities**

The range and facilities for activities and therapies was noted to be good. Every patient had their own timetable and upon admission Occupational Therapy (OT) would assess a patient's likes and dislikes.

All the staff we spoke to said patients were offered lots of activities and provided lots of motivation to the patients to engage them in activities. The activities currently in place, included cooking sessions, karaoke, arts and crafts, pamper sessions and games. Community based activities were in place for those patients granted section 17 leave. During our visit one patient went out on a shopping trip and there were plans being made for horse riding and indoor climbing sessions.

At the time of visit there were plans being made for hospital to have group community activities, volunteering and work experience. Consideration was going to be given to train female staff so they can support patients to use the gym, because the teacher was the only person trained to undertake this role.

Patients told us that they felt bored at weekends because there was very little to do. Staff said that on weekends they would watch films and have a take away.

The hospital has a full time teacher to support patients with their education. There was approximately 20 hours a week set for education sessions, however this could vary depending on how settled patients were. The patients we spoke to said they liked school and one patient was working towards a GCSE maths.

We didn't identify any baseline assessments of educational attainment for the patients during our visit and this is an area that should be undertaken and recorded to ensure education studies are appropriate for each individual. There were no vocational qualifications available for patients to obtain and again is an area that would benefit the patients.

We identified evidence of good psychological input and strategies for patients and staff. New groups had been implemented by the psychologist based on the needs of the patient group.

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) does visit the ward and that consideration would be given to having an advocate visit the hospital on a regular basis.

Patients told us that if they needed access to a GP, dentist, optician or podiatrist it was facilitated by staff, however one patient said she had requested to go to the dentist about five weeks ago and at the time of our visit was still waiting. Staff said that links are being built with local services and these included a practice nurse from the local hospital.

We identified good evidence of patient empowerment, whereby patients were invited to attend and sit on recruitment panels and involved in staff training, in which they provide their experiences of how it feels to be restrained.

### ***Requirements***

***Baseline assessments need to be in place for all patients to identify their educational attainment in order to provide the appropriate educational studies.***

***It is recommended that female staff are trained to provide instructions for the safe use of the gym and the equipment.***

***A review and reassurance is required regarding the waiting time patients stated there were for accessing services, specifically for dental appointments.***

### ***Recommendations***

***Consideration should be given to the provision of a regular advocate service that visits on a regular basis.***

***Opportunities for patients to gain vocational qualifications should be implemented.***

### **Food and nutrition**

We received no negative comments from patients or staff regarding the food served at the hospital. All the patients said they enjoyed the meals served and that they had a choice of meals. In the dining room a poster displayed by the serving hatch offered patients jacket potatoes and other alternatives if this is what they wanted.

All patients said the portion sizes were sufficient, variety was good and if anyone had any allergies or diet problems a menu specific to their needs would be offered.

We observed the food served during our visit and noted the meal looked appetizing which was confirmed by the patients. We spoke to the cook who was clearly caring and willing to try hard to meet the likes and dislikes of the patient group.

The hospital had well stocked cupboards and stores and if anyone wanted a drink or snack outside of the set mealtimes staff would provide it. Patients told us that the snack had to be fruit, however, we sat in on an informal patient group and patients were offered a choice of drinks and biscuits.

At the time of our visit Regis Healthcare only had one cook in place, therefore there was a reliance upon staff to support and undertake catering duties on the one day the cook was not available. It is essential that the hospital review these arrangements to ensure any periods of leave by the cook are covered by an appropriately trained cook/chef to enable consistent provision of food for the patient group.

### **Requirements**

***A review of the kitchen arrangements is required to ensure appropriate cover can be provided in the absence of the cook to enable consistent provision of food for the patient group.***

### **Training**

We reviewed five staff files and noted how well presented the files were, with sections of information separated by dividers. Of the files reviewed we noted all staff had in place a current Disclosure and Barring Service (DBS) check, application form, contract of employment, two references and health profile.

The files reviewed in which the employee had a professional registration were missing up to date information. However this was corrected during the visit. An up to date food hygiene certificate was not available in one file and reassurance is required that the employee has one.

A system of staff supervision was in place and a sample of supervision records were seen during our visit. Staff confirmed that supervision does take place, however, some staff said more was needed. The system used to capture supervision sessions highlighted for one employee that the last session took place in May 2015 and the next session would be in four weeks, but there was nothing on file to confirm this had taken place. It was notable that the organization were providing for some staff external supervision sessions. Reflective practice sessions were delivered for staff and it is recommended that a record is kept to evidence the names of staff which attended and an overview of the session.

Although we were told appraisals were in place, we had no evidence to confirm this. A robust appraisal system must be put in place for all staff and Regis Healthcare limited Appraisal Policy dated March 2014 fully implemented and followed.

A programme of mandatory training was in place and staff told us that they received lots of training. The data provided for mandatory training highlighted that six staff had expired in relation to Managing Violence and Aggression and REACT training and two staff had expired in relation to health and safety. In addition, all Registered Nurses must be trained in the administration of oxygen because staff said they did not feel confident in setting the oxygen cylinder for administration of oxygen up. A review of the mandatory training statistics is required to ensure all staff are up to date with regards their training to ensure they have the skills and knowledge to care for the challenging patient group.

Staff confirmed that they had received training in Mental Health Act 1983, Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards (DoLS) however we found no evidence to confirm this. A comprehensive record of all training undertaken for every staff member is recommendation of good practice.

Discussions with staff highlighted that very few staff had specific, formal CAMHS training. While we recognize that this area is specialised, it was evident that all staff require CAMHS training to enhance their skills and knowledge in this area.

It was good to note that staff including the psychologist and doctor provided staff with additional training in areas that were relevant to the service provided by Regis Healthcare.

Staff confirmed that they had received an induction, however we identified two staff members which did not have a documented induction. It is necessary for every new starter, including agency staff to have a documented induction.

Some staff were unaware of key policies and procedures and the clinic on Brenin ward did not have available a copy of the Medicines Management policy. In addition, the Medicines Management policy made reference to local procedures, however, there was no evidence of any except for the specific pharmacy policies from the supplying chemist. It is important all nursing staff are provided with, read and understand key policies and procedures and any references to local procedures are available.

### ***Requirements***

***Assurance is required that an up to date food hygiene certificate is in place for the cook.***

***Any supervision sessions that take place are recorded to evidence staff are receiving supervision.***

***A robust appraisal system needs to be put in place for all staff.***

***A review of mandatory training is required to ensure all staff are up to date in all areas, specific attention must be given to health and safety and managing violence and aggression and REACT.***

***Staff must be provided training in specialist areas to enhance their skills and knowledge, including CAMHS training and administration of oxygen.***

***Systems need to be put in place that fully captures all employees training, including course attended, date attended and expiry dates.***

***Inductions need to take place for all staff and agency workers and they need to be documented and signed.***

***All staff need to be provided with, read and understand key policies and procedures. Policies need to be easily accessible for staff and any references to local procedures are available.***

### **Governance**

There was a lack of robust governance and clinical audit systems and processes in place to identify issues. However, during our visit we did observe a pilot clinical governance meeting take place and staff commented on the improving communication and handover meetings.

HIW has received no evidence that Regulation 28 visits had been undertaken by the responsible individual (RI) or delegated person with the required level of frequency (one report was shown to HIW during the visit). Regulation 28 visits must be undertaken and reports provided to HIW.

### ***Requirements***

***Robust governance and audit processes need to be implemented across the hospital.***

***Regulation 28 visits need to take place by the Responsible Individual (RI) or delegate and cover all the areas within the regulations and copies sent to HIW.***

## ***Application of the Mental Health Act***

We reviewed the statutory detention documents of two of the detained patients being cared for on one ward at Regis Healthcare hospital at the time of our visit. In terms of the implementation of the Mental Health Act 1983, the following observations were made:

- The standard of documentation in relation to the implementation of the Mental Health Act was comprehensive
- There was no documented evidence of patients/relatives receiving copies of section 17 leave forms
- Section 17 leave forms that were no longer valid must be clearly marked to this effect to avoid any confusion and potential mistakes.

### ***Requirements***

***A review of Mental Health Act paperwork is required to ensure there is documented evidence of patients/relatives receiving copies of section 17 leave forms and any spent section 17 leave forms are clearly marked to help avoid mistakes.***

## ***Monitoring the Mental Health Measure***

We reviewed care and treatment planning documentation for two patients at Regis Healthcare hospital and identified the following observations:

- There was no evidence of capacity to consent on admission in one file
- Contact details of the care coordinator were missing from the front of the file
- No next of kin details were listed on front of one of the files reviewed
- Both files reviewed had no evidence of families being contacted regarding care plans.

### ***Requirement***

***To ensure all files are updated and include full information, including contact details of care coordinators, next of kin details and evidence of families being contacted regarding care plans.***

## 6. Next Steps

Regis Healthcare 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 Regis Healthcare 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: Regis Healthcare**

**Hospital: Regis Healthcare Ebbw Vale**

**Date of Inspection: 23 – 25 June 2015**

Page number	Recommendation	Regulation	Action	Responsible Officer	Timescale
10	<p>A review of the environment is required to ensure all areas are clean and well maintained. Specific attention must be given to:</p> <ul style="list-style-type: none"> <li>• The bottom lounge door which had chipped paint work</li> <li>• The grass and garden area in general needs cutting and tidying up</li> <li>• Patient toilets require a</li> </ul>	<p>19 (1) (a) (b)</p> <p>26 (2) (a) (b)</p>	<p>A cleanliness audit has been implemented which is now checked by the ward manager daily to ensure that the cleanliness is monitored.</p> <p>There is a maintenance programme in place</p>	<p>Ward Manager</p> <p>Hospital Manager</p>	<p>The cleanliness audit was implemented on the 24<sup>th</sup> June and has been running since.</p> <p>Maintenance work has</p>

	<p>thorough cleaning to ensure all marks and stains are removed</p> <ul style="list-style-type: none"> <li>• The door with the broken hinge requires repair or replacing</li> <li>• Plaster work outside the music room needs repairing</li> <li>• The carpets on Brenin ward need cleaning to remove the stains</li> <li>• The drip tray of the water cooler in the dining room needs to be cleaned</li> </ul>		<p>to capture refreshing of the unit on a quarterly basis.</p> <p>There was one dirty toilet pointed out during the inspection, this was cleaned during the night of the 23<sup>rd</sup> after it was pointed out. The toilets have been added to the daily audit to ensure this does not happen again.</p> <p>The plaster work outside the music room had been repaired three times but the young people</p>	<p>Ward Manager</p> <p>Hospital Director</p>	<p>begun on the ward and is expected to complete by the end of July 2015.</p> <p>Toilet was cleaned on the 23<sup>rd</sup> June and the audit now captures all toilets to ensure staining is not repeated.</p> <p>The door was repaired on the 24<sup>th</sup> June – it had been broken within the 24</p>
--	---	--	---	--	--

			<p>were aware of this and continued to pull at it. On the 24<sup>th</sup> it was repaired using a plastic moulding corner piece</p> <p>A carpet cleaner has been hired in order to clean the carpet areas – this will be completed by mid August as it will include all areas of the hospital.</p> <p>The drip tray was added to the audit on the 24<sup>th</sup> June</p>	<p>Hospital Director</p> <p>Ward Manager</p>	<p>hour period prior to inspection.</p> <p>Mid August 2015</p> <p>Completed 24<sup>th</sup> June</p>
10	A review of the laundry room on Brenin ward is required and systems put in place to stop dirty laundry being stored over	15 (8) (c) 19 (1) (a) (b)	All new tubs have been purchased for the young people to store their laundry.	Ward Manager	Completed 25 <sup>th</sup> June

	the floors, sink and on top of the washing machines, which potentially had infection control issues.	26 (2) (a)	The laundry times have now been adjusted to take place during the day as on the day of the inspection an incident had occurred which took the member of staff out of the room when sorting through the laundry. Clear guidelines have been drafted to outline how the laundry should be stored and controlled in the laundry room – all staff are trained in infection control as part of their induction.		
10	The door to the plant electrics at the back of the laundry room needs to be locked at all times and the lighting in the room requires fixing.	19 (1) (a) (b)  26 (2) (a)	The lock had broken and not reported to maintenance, staff have been reminded with regards to the maintenance book. The lock was	Hospital Director	Completed 24 <sup>th</sup> June 2015

			replaced on the 24 <sup>th</sup> June as was the light.		
10	The storage and cleanliness of mops in the cleaners cupboard require attention, specifically, mops must be stored appropriately and cleaned regularly or replaced.	19 (1) (a) (b)	Our domestic received supervision around the storage of mops to ensure that this does not happen again. This is now checked on the cleanliness audit daily.	Ward Manager	Completed 25 <sup>th</sup> June
10	Hand sanitizer needs to be available at all times	19 (1) (a) (b)	The bottle inside the hand sanitiser had broken that week and a new one was on order. We have now purchased an additional one to keep in stock to ensure this does not happen again	Hospital Director	Completed 30 <sup>th</sup> June

10	The practice kitchen requires a thorough clean and items stored in kitchen need to be appropriately labelled to say when an item was open and the expiry date	26 (2) (a)	This was addressed with the OT technician who uses the kitchen, food is now labelled and checked daily on a checklist. He also involves the young people in the cleaning of the kitchen following each session to ensure it remains clean and tidy. The domestic staff will also check this twice a week as a back-up to this system.	Ward Manager	New system implemented 30 <sup>th</sup> June
11	A review of the system of allowing visitors onto the hospital site is required, specifically, the intercom system not being heard on the ward and staff having to go off the ward to open the gates.	26 (2) (a)	The contractor that installed the system is due to visit the hospital to review if there is a way of alerting staff to the gate outside of hours.	Hospital director	End of August 2015 for contractor  Other systems

			<p>When the ward is busier there will be a member of staff allocated to reception out of hours. As visiting only goes up to 8 o'clock this is why there was no one checking the main entrance as the staff were engaged with the young people.</p> <p>If there is an emergency situation then there is a member of staff sent to reception to facilitate entry – this has worked well during the times when access has been needed in these circumstances.</p> <p>The intercom on the</p>		<p>have been implemented to ensure staff know how to open the main gate from the ward.</p>
--	--	--	---	--	--

			ward works to open the main gate but the member of staff was not aware of how it worked – there have been guidelines put in place to ensure all staff are made aware during their induction.		
12	Observational charts need to be completed and maintained appropriately with no gaps	15 (1) (a) (b) (c)	This has been addressed via a daily audit that now takes place during the ward handover – it is also signed off by the security nurse at the end of each shift to ensure that there are no gaps.	Clinical Lead	New system implemented 26 <sup>th</sup> June 2015
12	A review of the emergency admissions process is required to ensure the hospital can provide the necessary facilities and care to support all patients	9 (1) (a) 15 (1) (a) (b) (c)	Emergency admissions often happen out of hours, as a minimum the service requests an up to date risk assessment, reason	Hospital Director	Completed

			for admission and a letter from the referrer. Wherever possible referrals will be looked at during office hours to ensure adequate information can be sourced.		
14	Baseline assessments need to be in place for all patients to identify their educational attainment in order to provide the appropriate educational studies.	15 (1) (a) (b) (c)	Education information is forwarded by the previous placements to our education department. This will now be reviewed in house also.	Clinical Lead	September 2015 (due to school holidays)
14	It is recommended that female staff are trained to provide instructions for the safe use of the gym and the equipment.	20 (1) (a)	A female member of staff has been identified and will be supported by the instructor currently in place to provide gym sessions	Ward Manager	Due to be completed end of August 2015 – although this has already started with support from the Teacher.

14	A review and reassurance is required regarding the waiting time patients stated there were for accessing services, specifically for dental appointments.	15 (1) (b)	There is access to all primary care services for young people, including on an emergency basis. The dental service used is the community service, young people do have to wait to be seen for routine appointments however this can be fast tracked if the situation is urgent. The young person in question was waiting for a routine appointment and did not have section 17 leave so was waiting for a 'home visit' from the dentist.	Ward Manager	System already in place.
----	--	------------	--	--------------	--------------------------

14	A review of the kitchen staff arrangements is required to ensure appropriate cover can be provided in the absence of the cook to enable consistent provision of food for the patient group	20 (1) (a)	A bank chef had been appointed but pulled out last minute – therefore we are now recruiting for a part time job.	Ward Manager	End of August 2015
16	Assurance is required that an up to date food hygiene certificate is in place for the cook.	20 (1) (a)	This was in place and has been forwarded with the plan	n/a	n/a
16	Inductions need to take place for all staff and agency workers and they need to be documented and signed.	20 (1) (a)	There was one member of staff who not completed their induction sheet but had undertaken a robust induction including 3 weeks of shadow shifts with the clinical lead. Induction forms are now collected within 2 weeks of starting, to ensure the induction is clearly documented. All	Clinical Lead	New system implemented 30 <sup>th</sup> June 2015

			agency staff have an induction which is kept in a file with their staff profiles forwarded by the agencies.		
16	Any supervision sessions that take place are recorded to evidence staff are receiving supervision.	20 (2) (a)	This system is already in place – the evidence was supplied on the day and has been forwarded with this plan	n/a	n/a
16	A robust appraisal system needs to be put in place for all staff.	20 (2) (a)	A new system has been implemented to include mid point reviews and initial goal setting outside of probationary periods.	Hospital Director	End of August
17	A review of mandatory training is required to ensure all staff are up to date in all areas, specific attention must be given to health and safety and managing	20 (2) (a)	Our clinical lead now undertakes the REACT training to ensure that staff are kept up to date as	Clinical Lead	End of July 2015

	violence and aggression and REACT.		booking of external agencies was delaying training. Health and Safety is delivered in house. Training is now discussed monthly at clinical governance.		
17	Staff must be provided training in specialist areas to enhance their skills and knowledge, including CAMHS training and administration of oxygen.	20 (2) (a)	There is a course booked for ILS on the 20 <sup>th</sup> July 2015.	Hospital Director	20 <sup>th</sup> July 2015
17	Systems need to be put in place that fully captures all employees training, including course attended, date attended and expiry dates	20 (2) (d)	There is a training matrix already in place that captures the requested information – this was made available during the inspection. This has been forwarded with this action plan.	Hospital Director	Completed
17	All staff need to be provided with, read and understand key	20 (1) (a)	There is a form in place which captures	Ward Manager	End of July 2015

	<p>policies and procedures. Policies need to be easily accessible for staff and any references to local procedures are available</p>		<p>this – however, this procedure has now tightened up giving new staff 2 weeks to read all policies and sign to confirm that they read and understand the policy. This is then placed in their personnel file</p>		
17	<p>Robust governance and audit processes need to be implemented across the hospital.</p>	19 (1) (a) (b)	<p>Clinical governance was formally reviewed at the end of June and new system implemented – this includes the production of a number of audits which have been allocated between the team. This includes a cleanliness audit, clinical records audit, observation sheet</p>	Clinical Lead	End of July 2015

			audit, incident form audit, medication audit, HR recruitment audit		
17	Regulation 28 visits need to take place by the Responsible Individual (RI) or delegate and cover all the areas within the regulations and copies sent to HIW.	28 (1) (2) (a) (b) (c) (3) (4) (a) (b) (c) (5) (a) (b) (c)	This will be addressed and forwarded to HIW as stipulated.	Hospital Director	End of August 2015
<b>Mental Health Act 1983 Requirements</b>					
19	To ensure all files are updated and include full information, including contact details of care coordinators, next of kin details and evidence of families being contacted regarding care plans.	n/a	The papers have been placed in the files.  With regards to families this can only be done with the young person's consent (as ours are currently all 17)– there are forms in the files that they have completed with who can be contacted	Clinical Lead	26 <sup>th</sup> June 2015

			with regards to their care		
19	A review of Mental Health Act paperwork is required to ensure there is documented evidence of patients/relatives receiving copies of section 17 leave forms and any spent section 17 leave forms are clearly marked to help avoid mistakes	n/a	<p>The section 17 leave forms have been updated for the young person to sign them to reflect that they are aware of the forms. Young people will be given copies providing their risk assessment allows.</p> <p>With regards to families this can only be done with the young person's consent (as ours are currently all 17)– there are forms in the files that they have completed with who can be contacted with regards to their care</p>	Ward Manager	9 <sup>th</sup> July 2015