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7 April 2014

Dear Mr Bartley,

Re: Visit undertaken to Pinetree Court Hospital on the 25, 26 and 27 March 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Pinetree Court independent hospital on the evening of 25 and all day on the 26 and 27 March 2014. Our visit highlighted areas that are noteworthy and include:

- The good rapport we observed between patients and staff.
- The newly launched 'Building Better Lives' initiative, in which ownership by patients is actively promoted and patients have named the rooms where the activities take place as 'The Hive'. The initiative included a café run by patients selling drinks and snacks.
- The positive behavioural support plans being piloted with comprehensive strategies to manage behaviours of concern.
- The patients' forum which was chaired by an advocate was noted to afford patients the opportunity of being heard and influence change.
- The environment of care had improved and had been made more homely, with scatter cushions and rugs in the patient lounges and the decoration was bright and cheerful.

- We observed good effective working of the multi disciplinary team.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager at the end of our visit on 27 March 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
<p>1. Patient A is an informal patient, residing on Cedar Lodge which was locked. In addition, when the patient displayed aggressive and challenging behaviour, staff had to lock themselves in the kitchen and the patient out of this area. A Deprivation of Liberty Safeguards (DoLS) assessment must be undertaken as a matter of urgency.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p>
<p>2. The following issues were identified during an audit of care records:</p> <ol style="list-style-type: none"> There was no discharge plan in place for patients B, C, D and E. Two information systems were in place, care plans and behavioural support plans (PBS) which resulted in the duplication of information. The initial 72 hour care plan for patient B had some areas not signed and dated. There was no capacity assessment on file for patient B. Not all care plans in place for patient C had been signed by the multi disciplinary team. Two care plans on weight management for patient C were examined. One plan was very good and prescriptive in terms of nutritional requirements and body mass index. The other was very poor which was not prescriptive and too general. There was no record of evaluation of the electronic care plans for patient C, but the paper copies had been evaluated. The care plans on diabetes was not detailed sufficiently in terms of bloods (haemoglobin), monitoring and footcare for patient D. There was a care plan in place for patient D entitled 'false allegations'. This title is inappropriate and judgemental. Patient E was prescribed medication for pain relief, however no pain risk assessment was available. 	<p>Regulation 15 (1) (a) (b) & (c)</p>

<p>The areas identified in relation to care planning must be addressed.</p>	
<p>3. A review of the treatment area/medication charts was undertaken and the following observations were made:</p> <ul style="list-style-type: none"> a. Patient A was prescribed 210mgs of Ferrous Fumerate on 20 March 2014, but this has not been administered because it was not in stock. Medication prescribed must be available for patients. b. There was no wash hand basin in the office where medication is dispensed from. A suitable sink must be installed to allow access to clean fresh water. 	<p>Regulation 15 (5) (a) & (b) & 26 (2) (a)</p>
<p>4. A number of staff required updated training in safeguarding of adults and equality and diversity.</p>	<p>Regulation 20 (1) (a) & (2) (a)</p>
<p>5. The writing on some Mental Health Act (MHA) legal papers was illegible. Legal papers must be written clearly so comments and instructions can be understood by those persons requiring the information.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p>
<p>6. Under section 132 of the MHA, the easy read material for patients with a learning difficulty needs to be reviewed and improved.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>7. One responsible clinician (RC) had not responded to numerous (8) requests for a review of medication report. The RC must respond in a timely manner to requests for information.</p>	<p>Regulation 19 (1) (a) & (b)</p>
<p>8. The following areas regarding the environment were noted:</p> <ul style="list-style-type: none"> a. There was insufficient lighting on the way to the smoking area. b. The hatch on the office door on Larch ward was open and patient information could have been read by fellow patients. c. The upstairs office on Juniper ward had confidential patient information displayed and could be observed through the glass window. d. A bedroom on Juniper ward had discarded disposable gloves and paper towels on the floor. e. The nurse call units in the bathroom and WCs on Juniper ward were inappropriately placed and unreachable if required in an 	<p>Regulation 26 (2) (a) (b) & (c)</p>

<p>emergency. The environmental areas listed must be addressed.</p> <p>9. A review of internal recreational and social activities is required, especially for those patients with limited and no section 17 leave.</p> <p>10. The audit for the care and treatment planning (Welsh Measure) must be improved. A more effective and meaningful audit of the measure must be implemented.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p> <p>Regulation 19 (1) (a) & (b)</p>
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You are required to submit a detailed action plan to HIW by **30th April 2014** setting out the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of this letter the Registered Provider is required to comment on the factual accuracy of the issues detailed and on receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Ms Deborah Tonkin, Manager at Pinetree Court Hospital.

Yours sincerely



Mr John Powell
Head of Regulation

cc – Ms Deborah Tonkin, 904 Newport Road, Rumney, Cardiff CF3 4LL