

# HEALTHCARE INSPECTORATE WALES

**Care Standards Act 2000**

**INSPECTION REPORT  
Private and Voluntary Healthcare**

**Aderyn  
Penperlleni  
Pontypool  
NP4 0AH**

**Date of Inspection**

**6 November 2008**

Healthcare Inspectorate Wales  
Bevan House  
Caerphilly Business Park  
Van Road, Caerphilly,  
CF83 3ED

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## INSPECTION REPORT

**Inspection Episode:**                      **April 2008 to March 2009**

<b>Healthcare Provision:</b>	Aderyn Independent Hospital
<b>Contact telephone number:</b>	01873 881221
<b>Registered Provider:</b>	Partnerships in Care
<b>Responsible Individual:</b>	Steven Woolgar
<b>Registered Manager:</b>	Barrie Crosbie
<b>Number of places:</b>	17
<b>Category:</b>	The establishment is registered for male patients aged 18 years and upwards who : a) Have a mental disorder, b) May be liable to be detained under the Mental Health Act 1983, c) Have been assessed as in need of psychiatric rehabilitation.
<b>Date of first registration:</b>	2001 – Beechwood Brain Injury Service 20 October 2006 – Aderyn
<b>Date of publication of this report:</b>	6 <sup>th</sup> May 2009
<b>Date of previous published report:</b>	14 <sup>th</sup> February 2008
<b>Lead Inspector:</b>	Helen Nethercott
<b>Specialist Inspectors/Advisors:</b>	Frank Longbottom – HIW Reviewer

## **GUIDELINES ON INSPECTION**

### **INTRODUCTION**

This report has been compiled following an inspection of the service undertaken by the Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the service's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW's Inspectors are authorised to enter and inspect healthcare services at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities, self- assessment and the use of questionnaires. HIW try to find the best way of capturing the experience of patients, their relatives/representatives and staff employed within the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the service. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

... Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards

... The service's own statement of purpose

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

The Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the Healthcare Inspectorate Wales web site: <http://www.hiw.org.uk/>

## **OVERALL VIEW OF THE HEALTHCARE SETTING**

Aderyn is a 17 bed independent hospital, providing rehabilitation for patients with a mental disorder. It is located near the A4042 in the village of Penperlleni near Pontypool in South Wales. It can be accessed by a local bus service, and is within easy reach of the M50 and M4 motorways.

The service is provided from a large detached house set in 7 acres of attractive wooded grounds. There is adequate parking for visitors and staff to the front and sides of the main entrance. To the rear of the building is a cottage that provides accommodation for visiting area, meetings and activities.

The establishment was previously registered to provide a brain injury service by the same company however since 20 October 2006 the registration has been varied to provide a service to male patients aged 18 years and upwards who:

- a) Have a mental disorder,
- b) May be liable to be detained under the Mental Health Act 1983,
- c) Have been assessed as in need of psychiatric rehabilitation.

The establishment is **not registered** to provide treatment or care to patients who:

- a) Require treatment or care in conditions of security.
- b) Have profound or moderate learning disabilities.
- c) Are in an acute disturbed phase of their mental disorder.
- d) Have a recent history of absconding and non-compliance behaviour.
- e) Are convicted sex offenders.
- f) Are in an acute phase of either a medical illness or who are terminally ill requiring intensive medical treatments.

Aderyn is owned by Partnerships in Care and functions as an outlying ward of Llanarth Court Hospital. Llanarth Court Hospital is registered with HIW to provide psychiatric care and treatment in medium secure, low secure and rehabilitation environments. Aderyn is registered as a separate establishment with HIW as it is approximately 7 miles from the main hospital premises. The management and governance structures for Aderyn are a composite part of the structures and arrangements for Llanarth Court Hospital.

Aderyn is also registered to provide a day service to a maximum of 2 patients from Llanarth Court Hospital as part of their rehabilitation programme and preparation for discharge.

There were 15 patients accommodated in the service on the day of inspection, all of whom were detained under provisions of the Mental Health Act 1983.

The establishment was recently refurbished and as such the environment in all areas was bright, clean and in good decorative order.

## **METHODOLOGIES USED IN THIS INSPECTION**

The main inspection process was undertaken over the course of one day, with the Inspections Manager and a specialist advisor gathering information. Members of the staff team were involved in the process and were open and professional in approach.

Information was collated via analysis of documentation made available prior to and during the inspection, discussion with the staff team, a tour of the establishment and discussion with a number of patients who were present.

A number of the care plans were scrutinised. Other aspects of methodology used during the inspection included direct observation of care and other practices.

A physical viewing of the premises and grounds was undertaken, and an examination of policies, procedures, information leaflets, maintenance certificates and records. The viewing included, by the agreement and invitation of occupants, the general condition of individual rooms. Communal areas, the laundry, bathroom and lavatory areas were also viewed.

The premises were inspected primarily against the Private and Voluntary Health Care (Wales) Regulations 2002, in addition to the core National Minimum Standards for Private and Voluntary Healthcare services. These standards were also supplemented by the service specific standards for mental health establishments, including the standards for establishments where persons may be detained under provisions of the Mental Health Act 1983.

## INFORMATION PROVISION

### **Inspector's findings:**

#### **Statement of Purpose**

The statement of purpose was revised and updated in December 2008. It is a comprehensive description of the service to be provided to patients.

#### **Patient Guide**

Easy read and audio versions of information had been produced to assist patients and carers in understanding the service to be provided.

#### **Notice Boards**

A range of information was observed to be on display on notice boards in the entrance and throughout the establishment.

#### **Arrangements for visiting**

Arrangements for visiting were clearly set out in the statement of purpose and patients guide.

### **Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
0607/1 There must be easy read versions of relevant information for patients and their families who need additional support with literacy and comprehension of written material.	1 September 2007	Standard C1 Regulation 15(4)b

### **Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

### **New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
None		

### **Good practice Recommendations:**

None

## QUALITY OF TREATMENT AND CARE

### **Inspector's findings:**

#### **Clinical Governance**

A clinical governance strategy was in place and there were well-established systems and processes for clinical governance for Aderyn as a department of Llanarth Court Hospital. The clinical governance lead is Paul Hendey – Director of Clinical Services, who co-ordinates the activity of a number of clinical governance subgroups. The establishment's senior management team acts as the steering group for clinical governance activity.

#### **Audit**

There was a policy for clinical audit. A programme for audit to address the requirements of the national minimum standards was observed.

#### **Policies, procedures and information for staff**

A range of policies and procedures were in place that are regularly reviewed. Each policy identifies the policy number, date last reviewed and date identified for next review that is not more than 3 years from the last review.

#### **Patient Centred Care**

The care of patients at Aderyn is planned and implemented by nursing staff and members of the multi disciplinary team in line with the Care Programme Approach (CPA).

There were 3 consultant psychiatrists with responsibility for care of patients at Aderyn as all patients to date have been referred from Llanarth Court Hospital and the consultant psychiatrists have remained the same as that prior to transfer for continuity of care.

Staff reported that the patient group have a mixture of fast stream and slow stream needs. Since opening as a rehabilitation service in October 2006 there had been 14 discharges.

A sample of care plans, files and medication folders were reviewed. Care plans and other records seen indicated that patients were provided with a high standard of care generally and a wide range of evidence based treatments.

Patients appeared to benefit from the application of therapeutic management approaches on the ward e.g. de-escalation techniques and relapse prevention methods. There were records indicating that day to day nursing care was of a high standard, with staff taking time to listen to patients and where possible address their concerns. Staff-patient relationships often appeared to be very positive and there appeared to be a good level of involvement by patients in their care planning.

Patients appeared to have access to both individual and group therapies provided by Consultant Psychiatrists, Clinical Psychologists, Occupational Therapists and Sports Therapists, on a regular basis.

All patients were registered with a GP who oversees the management of physical needs. The manager reported that patients also access opticians, chiropodists and dentists in the community as required.

### **Structured Day for Patients**

Staff reported that there was a 'diary meeting' each morning at 9.45am between staff and the patients in one of the lounge areas. At this meeting patients are reminded of their programme and appointments for the day.

Staff reported that they continue to use 'patient protected time' on a Tuesday morning. This allows for a period each week when activities and normal ward administration (telephone calls are put through to the main reception) cease to allow nursing staff to spend periods of time dedicated to patients on the ward. This initiative is to be commended.

There was evidence of a structured day for patients. Patients are encouraged to be up and about. There was evidence of activity plans in place. The range of therapeutic activities being offered included :-

- Leisure opportunities e.g. music, art, practical skills, cookery, I.T and woodwork.
- Educational opportunities and patients achieving success in college based courses.
- Physical activities e.g. swimming, gym (at Llanarth Court Hospital) and outdoor activities such as walking and gardening.

### **Patient Views**

Patient meetings were held weekly at Aderyn. Minutes of the meeting are taken by members of staff, copies of the minutes were observed as part of the inspection.

There is an active patient council at Llanarth Court Hospital that patients from Aderyn have the opportunity to attend. The statement of purposes states that the aim of the patients' council is to provide a formal mechanism through which the hospital management and other professional groups can consult with and respond to matter raised by patients.

The Inspections Manager and reviewer met with a group of patients. They were generally happy with their care and said they were treated with dignity and respect by staff that were supported by the advocate.

There was disappointing level of response from patients at Aderyn to the patient survey. It would be preferable if a higher level of participation could be achieved.

### **Advocacy arrangements**

There were arrangements for patients at Aderyn to be supported by an advocate from Hafal. The advocate attends once a week.

**Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
None		

**Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

**New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
None		

**Good practice Recommendations:**

None
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## MANAGEMENT AND PERSONNEL

### **Inspector's findings:**

#### **Registered Manager**

The registered manager - Mr Barrie Crosbie is registered in accordance with the Care Standards Act 2000. He has also been in a key leadership role in the company for the past sixteen years.

The Clinical Nurse Manager - Andrea Leslie is responsible for the day to day running of Aderyn. At the time of inspection she was on maternity leave and the charge nurse was deputising in her absence.

#### **Responsible Individual**

The responsible individual is Mr Steven Woolgar, Director of Policy and Regulation at Partnerships in Care. Regular quality monitoring visits to comply with Regulation 25 have been undertaken by Mr Woolgar and reports submitted to HIW in a timely manner.

#### **Human Resources (HR) Policies**

HR support is provided through staff from Llanarth Court Hospital.

There is a clinical competency framework for registered nursing staff, which is similar to NVQ in that it requires evidence to support levels of competence in behaviours. The clinical competence framework is linked to the pay scales and achievement of higher levels is through evidence of competencies and competition for posts.

#### **Personnel**

There was evidence that the staff team as a whole were committed and conscientious in their work. There seemed to be a good complement of staff. It was reported that the social work provision was due to increase from 0.5 wte to a full time post.

#### **Supervision & training**

Training is provided through the training department at Llanarth Court Hospital. Training on management of violence and aggression is provided. Staff reported this is provided as soon as possible after joining the service and it is reported that updates are provided annually.

It was reported that the appraisal process should identify training needs; these should then be followed up through supervision.

**Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
0708/4 The registered persons must ensure there are mechanisms that are monitored for all staff to maintain their professional development to maintain and develop their competencies – including non consultant medical staff.	31 August 2008	Regulation 17(2) Standard C9

**Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

**New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
None		

**Good practice Recommendations:**

None
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## COMPLAINTS MANAGEMENT

<p><b>Inspector's findings:</b></p> <p><b><u>Number of complaints</u></b>          Complaints that cannot be resolved locally were dealt with by the complaints manager at Llanarth Court Hospital.</p> <p>There was a record of one complaint since the last inspection. This was from one patient in relation to the behaviour of another patient. HIW is satisfied that appropriate procedures are in place to manage complaints.</p> <p><b><u>Information on complaints</u></b>          The registered person had prepared easy read and audio versions of information for patients, family and or carers to assist those with lower levels of literacy as already identified in this report.</p>
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**Requirements made since the last inspection report which have been met:**

Action Required	When Completed	Regulation Number
0607/5 There must be information for patients and their relatives with due regard to the cultural and linguistic background and disabilities of patients (as well as their sex, religious persuasion and racial origin).	1 September 2007	Regulations 15(4)b & 22 Standards C1.4 & C17

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
None		

<p><b>Good practice Recommendations:</b></p> <p>None</p>
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## PREMISES, FACILITIES AND EQUIPMENT

### **Inspector's findings:**

#### **Externally**

Aderyn is set in several acres of wooded countryside. There are mature gardens around the house. There is wheelchair access through the TV lounge to the main building if required.

The Aderyn service is provided from a large detached stone built house. The current service commenced on 20<sup>th</sup> October 2006, following a complete refurbishment. It is a spacious establishment in good decorative order. All rooms in the older part of the building have high ceilings and large windows. The rooms in the extension at the rear of the building are more modern and smaller but continue to be of an appropriate design and layout for the provision for a rehabilitation service.

The furnishings and carpets throughout the establishment were either recently purchased or cleaned as part of the refurbishment. All areas were bright and clean.

All certificates are displayed appropriately in the establishment.

#### **Communal accommodation**

The main entrance leads to a large hallway from which the 2 large lounge areas, the dining room, nursing offices, doctor's room and the stairway can be accessed. A large conservatory provides a games area with a snooker table etc.

There are 17 single bedrooms in a variety of sizes and styles, some of which are very spacious. All have ensuite facilities.

There are adequate numbers of bathing and toilet facilities through the establishment, including facilities for disabled/ wheelchairs.

Further areas include:

- A large occupational therapy kitchen. Staff reported that this area was due for refitting in April 2008 to provide smaller kitchen areas within the room so that more than one patient could work independently in the area.
- A patient smoking room that is furnished with minimal furniture, and also has external access to discourage long periods in this environment.
- A drinks room (that had been converted from an interview room since the last inspection) just off the main entrance where patients are able to make hot and cold drinks.
- A sensitively decorated multi faith room. The chaplain visits twice a week.
- Offices for health care professionals

#### **Kitchen and Catering**

There is a large kitchen on site for the preparation of all meals, which contains adequate storage and refrigeration facilities. The kitchen is inspected on a regular basis by the Local Authority environmental health department.

A rolling menu had been commenced and was being developed with input from the patients. Since the last inspection the main meal has been changed to later in the day. Members of staff reported that this resulted in much less wastage of food. Patients spoken to during the inspection reported that they are actively involved in providing feedback on catering and planning of menus.

The menu for the day is displayed at the entrance to the dining room. Patients and staff reported that there was a high level of satisfaction with the catering service at Aderyn.

### **Maintenance & Decoration**

The maintenance team based at Llanarth Court Hospital provides maintenance and repairs. There is an ongoing plan to maintain the premises. At the time of inspection areas highlighted for attention were:

1. Bathroom required a new handle.
2. Clinic room required sealing from the smoking room.
3. The lighting in the tv lounge and lounge appeared to be dim.

There are contracts in place for general, pharmaceutical and clinical waste disposal.

### **Outbuildings/ gardens**

There are areas in which to hang washing, an enclosed garden and an established fruit and vegetable garden. There was evidence that a horticulture group was in operation.

### **Cottage**

There is a cottage to the rear of the property. This has been used as activity rooms and a meeting room.

At the time of preparing the report HIW is considering an application to vary the conditions of registration to include a 2 bed 'step down' flat in the cottage. This will provide an opportunity for patients to try more independent living as part of discharge planning.

### **Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
0708/6 An action plan to address/report on the 5 maintenance issues noted on the day must be provided with as part of the response to this report.	31 August 2008	Regulation 24(2)a Standard C19

### **Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

### **New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
0809/1 The clinic room must be sealed to prevent contamination from the adjacent smoking room.	30 May 2009	Regulation 24(2) Standard C19.9
0809/2 Lighting lux levels in the lounge areas must meet CIBSE standards.	30 May 2009	Regulation 24(2) Standard C19.5

## RISK MANAGEMENT

### **Inspector's findings:**

#### **Risk Management Policy**

There are comprehensive risk management processes and procedures in place within the organisation.

#### **Risk Management**

Appropriate risk management procedures in place for all units visited during the inspection. There is an incident reporting system, which feeds into monthly reviews.

In the records seen by the inspection team risks appeared to be routinely identified and addressed and were reviewed on a regular basis. There was evidence that risks were regularly balanced against patient's needs and interests, especially in respect of activities and outings. There were however no risk management assessments seen for physical care or self care in the care plan.

The risk management policy relating to checking patients at night has been updated since the last inspection. Patients are generally checked every 2 hours; however this is varied according to risks and the care plan as the need arises.

#### **Management of Violence and Aggression**

Training is provided for staff on the management of violence and aggression which is updated annually.

A dedicated emergency bed is available at Llanarth Court Hospital in the event that a patient requires more intensive management that can be provided at Aderyn. This has been used on one occasion since opening in 2006.

#### **Medicines Management**

Aderyn is served by Lloyds pharmacy for its medicine supplies. A technician visits once a month to top up stock and medicines are supplied weekly.

A number of issues were identified at the previous inspection which have now been addressed.

Self-administration of medicines occurs at Aderyn. There was evidence of assessment of services user's capacity to self-medicate, Dosette boxes were correctly labelled and locked drawers were available within bedrooms for storing medicines.

#### **Mental Health Act**

The Mental Health Act Commission visit recommended review of the practice that leave was not permitted after 6pm. Members of staff explained that there was now a sliding scale for leave in the evening depending on the time of year.

The Mental Health Act Code of Practice for Wales issued in 2008 included in Appendix 2 a list of the policies and procedures required for implementation of the Act. HIW will require confirmation that the relevant policies and procedures are in place.

**Village Liaison**

A village liaison committee has been set up due to concerns expressed in the local community regarding the type of service to be provided and the potential risks to the community.

HIW is aware that regular meetings take place to assist in addressing any concerns that may be raised.

**Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
0708/7 The risk management policy in relation to checks at night must be reviewed to incorporate flexibility in relation to individual risks.	30 September 2008	Regulation 8(1)e, 43 Standard C22, M30
0708/8 The medicines management policy must be revised and updated to take account of comments made in this report in relation to: 1. Input from pharmacist regarding safe handling of medicines 2. Audit for drugs liable for misuse 3. Prevention and management of overstocking of medicines 4. Checks on expiry dates 5. Monitoring of temperatures in treatment rooms 6. Actions to be taken when fridge temperature is outside the safe temperature Procedure for safe disposal of medicines.	31 August 2008	Regulation 14(5) Standard M10, M17

**Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

**New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
0809/3 The registered persons must confirm to HIW that the required policies and procedures are in place as required by the MHA Code of Practice for Wales.	31 May 2009	Regulation 8(1), 14(1)b Standard C7, M41

**Good practice Recommendations:**

None

## RECORDS AND INFORMATION MANAGEMENT

### **Inspector's findings:**

#### **Data Protection Act**

Polices and procedures are in place for management of information. All staff interviewed were aware of confidentiality and the need for secure storage of personal information in line with the Date Protection Act.

#### **Staff Records**

Staff records for Aderyn are held at Llanarth Court Hospital and those inspected met regulatory requirements.

#### **Patient Records**

Patient records were sampled. Entries observed were noted to be well organised and compliant with the requirements of the national minimum standards. Property lists were noted to be particularly detailed and up to date.

CPA and risk assessments in case notes were thorough and well written. Treatment plans appeared to be thorough and appropriate. There was evidence of regular multi-disciplinary views, which were also well documented. There was also evidence that a balance was being achieved between need for activities and the risks posed.

Examination of Section 17 leave forms revealed a number of areas that require improvement

- ... One was not signed.
- ... Dates were not set for review on all forms.
- ... Need to ensure that changes are updated on both the multi disciplinary team (MDT) notes and the leave from so that they both match.

A working party had been set up to address issues raised at the last inspection. The above findings should also be taken into account.

### **Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
0708/9 The registered person must describe the processes in place through which they are to be assured of regulatory compliance in relation to recruitment of staff and staff records.	31 August 2008	Regulation 18 Schedule 2 Schedule 3 Part II 7 Standard C9

### **Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
0708/10 The policy and procedures in relation to leave must be reviewed taking account of the comments made in this report.	30 September 2008	Regulation 8(1) e,f,g Standard M44

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
0809/4 The registered persons must ensure that all requirement for Section 17 of the Mental health Act are properly documented.	31 May 2009	Regulation 20 Standard C32, M44

**Good practice Recommendations:**

None

**RESEARCH****Inspector's findings:**

A research policy and procedure is in place (issued September 2007) for Llanarth Court that takes meet regulatory requirements and takes account of the Research Governance Framework published by Welsh Assembly Government and the Mental Capacity Act.

No particular research projects were discussed during the inspection.

**Requirements made since the last inspection report which have been met:**

Action Required	When Completed	Regulation Number
None		

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
None		

**Good practice Recommendations:**

None

## ACTION PLAN FROM REPORT

### Inspector's findings:

The focus of the inspection and report for this year has been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

1 outstanding and 4 new requirements have been identified in this report. The registered persons must ensure that an action plan is produced to meet the requirements made.

### New requirements from this inspection:

Action Required	When Completed	Regulation Number
0809/4 HIW requires the submission of an action plan addressing all the requirements made this year and those carried forward in this report. The action plan must clearly identify <ol style="list-style-type: none"> <li>1. the requirement,</li> <li>2. the action to be taken,</li> <li>3. person responsible,</li> <li>4. due date for completion,</li> <li>5. and a status report as of the day of the action plan.</li> <li>6. The plan must be reviewed 3 monthly, and a copy submitted to HIW on the last day of the third month until all requirements have been met.</li> </ol>	31 May 2009	Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i>

**Inspector's Name:** H Nethercott

**Date:** 6<sup>th</sup> May 2009

**Inspector's Signature:**

*H Nethercott*