

Mr Keith Bullivant
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3 March 2014

Dear Mr Bullivant,

Re: Visit undertaken to St Teilo House on the 18, 19 and 20 February 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to St Teilo House independent hospital on the evening of 18th and all day on 19th and 20th February 2014. Our visit highlighted areas that are noteworthy and include:

- The good rapport observed between patients and staff.
- The open and honest communication we had with the registered manager and Head of Care.
- The quality of the food served and the choice of menu.
- The staff employment files had all the necessary checks in place and were well laid out.
- All staff mandatory training including management of violence and aggression (MVA) and Adult Safeguarding were up to date.
- The morning meeting and nurse's handover we attended were very structured with staff displaying a good knowledge of the patients.

- There was a good support mechanism and training in place for the newly appointed Mental Health Act (MHA) administrator.
- Staff was positive about team working and the relationship between management and staff.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager and a range of staff at the end of our visit on 11 February 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
1. A review of patient admissions is required to ensure they are appropriate for the hospital. In particular a review of the placement of patient A is required.	Regulation 9 (1) (a) (b) & Regulation 19 (2) (d)
2. All potential admissions must have a thorough assessment specific to St Teilo House. Patient A was admitted to St Teilo House without a specific assessment for placement at the hospital.	Regulation 19 (2) (d)
3. A review of care documentation identified the following issues: <ul style="list-style-type: none"> a. For patient A, the admission checklist was blank. b. Some risk assessments for patient A did not have a care plan in place. For example, being victimised. c. There was no discharge care plan in place for patient A, B and C. d. Care plans need reviewing. They were difficult to follow and some had two areas listed under one heading. e. A number of inappropriate comments were listed in the daily report records of patient A. f. For patient C, their plan of care for aggression was not specific enough. There were no strategies identified. <p>All areas identified must be addressed.</p>	Regulation 15 (1) (a) (b) & (c)
4. An urgent review of staffing numbers is required to ensure they are adequate and patient leave is not cancelled. Due to staff shortages, some patients have been unable to take leave.	Regulation 20 (1) (a)
5. The majority of staff had not received documented supervision. For January 2014, three out of 8	Regulation 20 (2) (a)

nurses had received supervision and 7 out of 28 support workers had received supervision. All staff must receive regular and documented supervision.	
6. Not all staff had received an appraisal. All staff must receive a regular and well documented appraisal.	Regulation 20 (2) (a)
7. The formal multi disciplinary team (MDT) must have nursing representation to ensure full involvement of all disciplines. At the time of our visit, the formal MDT consisted of the responsible clinician, psychology and occupational therapy. Nursing staff had input but not formal membership.	Regulation 19 (2) (a) & (b) (iv) & Regulation 20 (1) (a)
8. A number of issues were identified within the Cambian pharmacy audit dated February 2014. The issues identified must be addressed and evidence of compliance provided.	Regulation 15 (5) (a) & (b)
9. The hospital has a number of patients who self harm and there was a lack of training documented for staff to deal with this. A training programme must be devised and implemented in terms of self harm, primarily for support staff.	Regulation 20 (1) (a) (2) (a) & (b)
10. Patient D has been at St Teilo for over 2 years and has not received any specific treatment for their eating disorder. A therapeutic programme for eating disorder must be provided.	Regulation 15 (1) (a) (b) & (c)
11. The nurses' office had the blinds closed because of patient information on whiteboards. Boards displaying patient information must be covered appropriately to enable staff in the office to have an unobstructed view of patient areas.	Regulation 26 (1) & (2) (a)
12. The care plan system only allows 4 points to be added per patient record on restrictions on freedom and choices, personal needs, potential risks and psycho social needs. This arbitrary decision of only 4 areas within a patients' plan of care must be reviewed.	Regulation 23 (1) (a) (i)
13. Patients and staff expressed concern over access to general practitioners (GP). Therefore improved access to GP services is required.	Regulation 15 (1) (a) & (b)
14. During the visit a number of patients were not engaged in activities, with some patients	Regulation 15 (1) (a) (b) & (c)

complaining of boredom. A review of activities to be undertaken.	
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You are required to submit a detailed action plan to HIW by **24 March 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 Cerys Morris, Manager at St Teilo House Hospital.

Yours sincerely



Mr John Powell
Head of Regulation

cc – Ms Cerys Morris, St Teilo House, Goshen Street, Rhymney, Tredegar, Gwent NP22 5NF