

**Mental Health  
Follow-up Inspection  
(Unannounced)  
Regis Healthcare Hospital  
Ebbw Ward**

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## 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
- 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.

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<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.

### 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 during the day on 15 and 16 November 2016.

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 – a low secure service for a maximum of 12 (twelve) persons between the ages of 13 (thirteen) -18 (eighteen) years (inclusive) 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 – a low secure service for a maximum of 12 (twelve) females between the ages of 18 (eighteen) and 25 (twenty five) years (inclusive) with mental health disorders with/without persistent challenging behaviour/forensic history in which they could present a significant risk to either themselves or to others. Patients will be detained under the Mental Health Act 1983 requiring short/medium and long term treatment and rehabilitation.

The hospital's registered provider is Regis Healthcare Ltd.

During the two day follow up 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 Peer Reviewer, one Mental Health Act Reviewer, and one member of HIW staff.

## 4. Summary

This was HIW's second inspection visit to Regis Healthcare hospital focusing on the actions from our first inspection in 2015. We are grateful to all staff and patients who assisted us and engaged positively with the process.

This is what we found the service did well:

- A hospital environment that was suitable to the patient group and well maintained.
- A collaborative multi-disciplinary team and a committed and respectful care team focused on providing individualised and dignified care.
- A very good range of activities available to patients both within the ward areas and the community.
- Comprehensive care documentation that was focused on recovery, rehabilitation and independence, regularly reviewed and kept up-to-date.
- An extensive range of evidence-based patient assessments to identify and monitor the provision of patient care, along with physical health and dietary needs.

This is what the service is required to improve:

- Ensure that maintenance checks are completed as required and are signed by the person who undertakes each of the checks.
- Ensure that expiry date check is included on the weekly emergency equipment audit.
- Ensure that the patient status at a glance board is only viewable to staff when in use.
- Ensure that appropriate mental health act documentation is developed and audited.
- Ensure that there is a record of why patients have not signed care plan documentation.

## 5. Findings

### *Core Standards*

#### **Ward environment**

Regis Healthcare hospital is a large building which has two wards, Ebbw and Brenin. Ebbw had been re-registered in August 2016 to provide care for female patients between the ages of 18 and 25; at the time of our inspection the ward was not open, due to open in April 2017. The ward was appropriately furnished, equipped and decorated for the future patient group.

The hospital décor throughout was very young person focused with colourful and brightly painted walls, with some displaying pictures and decals. The areas of carpets that we identified during our previous inspection as being stained and marked have been replaced.

There were also notice boards throughout the hospital that displayed information for patients such as, menus, onward and community activity information, advocate information, complaint information, etc. Throughout the hospital there were photographs of the patient group undertaking activities within the hospital and out in the community.

Brenin had 12 individual appropriately sized bedrooms with en-suite toilet and shower which provided patients with privacy and a personal space that they could personalise with pictures, photographs, personal items, etc. There were five bedrooms located on the ground floor and seven bedrooms on the first floor. Patients were able to lock their bedroom doors from the inside which staff could over-ride if required.

Along the main corridor on the ground floor of there were a number of rooms and communal spaces for patients. There was a large dining room that was used for patient breakfast and evening meal, patients had their lunch in the dining area on the first floor.

There were two lounges on the ground floor, one was located close to the ward entrance and was an open area off the corridor with plenty of seating and a television, the second was a room towards the end of the ward with appropriate seating, television, DVD player and games console.

A music room was available with a number of instruments that patient could use if they wished. The room was also used as a quiet space for patients if they wished to have time away from other patients.

A quiet room which was a low stimulus area with a settee that patients could take themselves to if they wished was located towards the middle of the ward. The quiet room was also used by staff to escort patients to if they required distraction and/or de-escalation.

There was a telephone room with a payphone. Staff would also transfer calls to this room so that patients could receive calls with privacy. There was suitable seating available in the room for patient comfort.

The patient laundry room was located on the ground floor, patients access this area with staff to undertake their laundry and develop independence skills. This area was improved since our last inspection. Patients had washing tubs to store their laundry in, unlike our previous inspection where items of patients' clothes were on the laundry floor.

All laundry facilities and laundry room lights were in working order and the caged off area at the back of the laundry, containing plant electrics, was secured.

There were two patient toilets on the ground floor that were clean and maintained to an appropriate standard. We noted that hand sanitizer dispensers throughout the hospital were in working order and contained gel as required.

Patients could access a garden area with staff members; the garden was secured by a high fence. At the time of the inspection this was appropriately maintained which was an improvement since our last inspection where grass was uncut and weeds were growing between the paving stones.

A nurse's office was located in the middle of the ward and opened up onto a communal area. There were additional rooms on the ground floor for patients to meet with staff or for staff members to undertake discussions in private.

The cleaner's cupboard was secure and organised with items, including mops stored appropriately to minimise the infection control risk with mop-heads not drying. There was a weekly audit in place to monitor the upkeep and organisation of the cupboard; this had been undertaken as required since our previous inspection. During our inspection the registered provider also implemented a daily check to record that the mops were stored appropriately every day.

As well as the location for the remaining seven patient bedrooms, the first floor for the hospital the development centre known as Ty Seren. This was where patients undertook their education whilst at the hospital. There was a classroom with a large table, seats, books, writing board, etc. There was also an IT room that the patients could access computers and the internet.

There were additional rooms on the first floor including a designated room where patients had their lunch, an arts and crafts room, another music room, a cinema room, psychology room where a range of therapy sessions were held.

There was a communal space in on the first floor with a pool table and settees that the patient could use to relax. There was another communal space where

patients met every morning for a planning meeting. This space also had a television and games console that patients could access at other times of the day.

There were two patient toilets on the first floor that were clean and maintained to an appropriate standard.

The second floor of Brenin was the top floor; here a designated gym room provided modern equipment including weight machines and cardio equipment. Also on this floor was an in-house salon with hair styling equipment for patients to use with staff supervision. There was a well developed Sensory Room which provided patients with another area to relax.

An occupational therapy kitchen provided the patients with opportunities to cook and prepare meals, so that they could learn and develop independent living skills. The kitchen was fully equipped with utensils, equipment and food items. The kitchen was clean and well organised; this was an improvement on our previous inspection. Since our previous inspection the registered provider have implemented checks on the occupational therapy kitchen to ensure that standards of cleanliness and hygiene are maintained.

All patient areas were accessible by the stairs or lift.

The registered provider had implemented a number of maintenance audits, with a series of checks daily, weekly and monthly. These were undertaken by the maintenance person and provided assurance to the registered provider that the environment was maintained to an appropriate standard and was safe for patient care. Reviewing the audits it was evident that weekly and monthly audits were being undertaken as required. However, it was evident that the daily checks did not occur on weekends or at other occasions when the maintenance person was not available at the hospital.

The hospital manager confirmed during the inspection feedback that arrangements for daily checks will be implemented for when the maintenance person is not available.

## **Requirement**

**The registered provider must ensure that Maintenance Daily Checks are undertaken each day.**

It was also noted that the completion of the daily, weekly and monthly audits were not always signed off by the person undertaking the audit. This meant if required the registered provider would not be able to confirm who undertook the audits.

## **Requirement**

**The registered provider must ensure that all Maintenance Checks are signed by the person who undertakes each of the checks.**

Any maintenance works required were recorded in the maintenance book for the maintenance person to undertake or contract to an external service. It was evident that the hospital was in a good state of repair however during the inspection we noted that there were areas of the environment that needed light decorative repair, such as a scratched door frame of the nursing office and areas where paint had peeled in the communal areas. The hospital manager confirmed that the hospital will commence a monthly environmental decorative check for areas of redecoration that are required.

## **Requirement**

**The registered provider must undertake monthly environmental decorative check for areas of redecoration that are required.**

## **Privacy and dignity**

Throughout the inspection we observed staff interacting and caring for patients in a compassionate and respectful manner. The staff members we spoke to demonstrated a high level of knowledge about the patients, their individual preferences and care needs. Patients had a named nurse and were able to meet them in private.

On reviewing the environment we observed that the patient status at a glance board located in the nursing office could be viewed from outside the office through one of the windows. There was a blind on the window to prevent people viewing in, however if this was closed this prevented staff from observing out through the window. With patients and visitors being able to view the board with confidential information upon it, meant that the privacy of patients was compromised. The board needs to be placed out of the view of patients and visitors without impacting on staff observations.

## **Requirement**

**The registered provider must ensure that the patient status at a glance board is only viewable to staff when in use.**

Patients had their own en-suite bedroom with shower which provided patients with a good level of privacy. Patients commented that staff knock the bedroom door before they entered which helped to preserve patients' privacy and dignity.

Patients had sufficient storage within their bedrooms so they were able to store their belongings within their room. We noted that patients were able to put up pictures to personalise their bedrooms which provided patient with a personal space that they could make their own and welcoming for themselves.

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

### **Patient therapies and activities**

The range and facilities for activities and therapies was noted to be very good. Every patient had their own timetable and upon admission Occupational Therapy would assess a patient's likes and dislikes. There was a daily planning meeting each morning where the patients and staff met as a group to plan their day and activities.

The hospital held Young People's Weekly Meeting to discuss any reflections on the service, suggestions or concerns. It was positive to note that these meetings were minuted and actions made and reviewed. It was evident that patients were able to give their opinions and these were considered by staff and reasons given if staff were unable to meet the patient requests.

The staff present throughout the inspection were enthusiastic and motivated, this reflected in the range and frequency of activities provided for the patients. The activities were very individually focused and staff were flexible to meet the needs of the patient group and service demands.

On ward activities included cooking sessions, karaoke, arts and crafts, pamper sessions and games. Community based activities were in place for those patients granted Section 17 leave. There were two hospital vehicles available to assist with taking patients to community trips outside of the local area. If required, the hospital also hired vehicles to facilitate additional community trips or home leave to ensure that there was sufficient transport available.

During our inspection we saw some patients have leave to go shopping, to the local leisure centre and another patient went rambling. There was evidence that patients undertake other community activities such as tenpin bowling, swimming, trampolining, horse riding and indoor climbing session along with excursions to the cinema and theatres.

There were two members of staff trained as gym instructors so that they could support patients in the onsite gym. However these were both male members of staff which we were informed that some female patients found off-putting, since our previous inspection a female member of staff has commenced the gym instructor training. This will be of benefit to the patient group once the training has been completed.

It was evident that activities at the weekend had improved since our last inspection. There was a patient meeting held during the week to identify activities and plan staff and patient time to facilitate these activities. This meant patients had a greater number of options to do as opposed to our previous inspection where patients told us that they felt bored at weekends.

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.

It was positive to note that since our previous inspection all patients now have baseline assessments of educational attainment on admission. This ensured that education studies were appropriate for each individual.

We identified evidence of good psychological input and strategies for patients and staff.

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) visited the ward.

Patients had access to a GP, dentists, opticians or podiatrist. The registered providers were in the process of recruiting a practice nurse so that further physical health checks could be undertaken onsite.

### **Food and nutrition**

The food provision at the hospital was good. The patients we spoke to said that they enjoyed the meals served and that they had a choice of meals. As well as the menus for the week patients were able to request alternatives such as jacket potatoes if 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 appetising 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.

It was positive to note that since our previous inspection the registered provider had employed an additional cook. Previously there was only one

cook, therefore there was reliance upon staff to support and undertake catering duties when the cook was unavailable.

Since our previous inspection the registered provider had recruited a dietician two days a-week. The dietician provided input in to the dietary needs of the patients and liaised with the cook regarding menu options, healthy options, nutritional information, etc. It was reported that the dietician appointment was a benefit to the hospital and the wellbeing of the patients.

## **Safety**

We spoke to a range of staff, none of whom 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.

Staffing levels during our visit were appropriate for the patient group and no concerns were raised regarding insufficient staffing levels. The patients we spoke to said that they felt safe at the hospital.

All staff working at the hospital were trained in a de-escalation technique (REACT) as part of a management and prevention of violence strategy, which includes a systematic pain free method of restraint. Incidents of restraint were documented including the type of restraint, the staff members involved and their position during the restraint.

The hospital undertook regular maintenance, security and safety audits, including ligature point audits, to provide assurance that the hospital was safe.

## **Clinical Rooms and Medicine Management**

On the whole we found safe management of medication at the hospital. The clinic room was locked and medication was stored securely. There were clinical audits in place, including an external pharmacy audit, which provided assurance that medication was being stored and used safely.

There was a weekly clinical audit in place to ensure that all emergency equipment was present in case it was required. However we reviewed the equipment and we noted that one piece of equipment, a venflon<sup>2</sup>, was out-of-date and therefore would not still be sterilised. The hospital manager confirmed an expiry date check will be added to the weekly audit.

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<sup>2</sup> a small, flexible tube placed into a vein in order to administer medication or fluids

## **Requirement**

**The registered provider must include an expiry date check to the weekly emergency equipment audit.**

It was evident that staff monitored the temperature of the clinic fridge and the ambient temperature of the room to ensure that medication was stored at the correct temperature as indicated by the manufacturer.

The Drugs Admission Policy that was located within the clinic was disorganised with duplicate pages contained within the polythene folder. This meant it was difficult for staff to reference and follow if required. This was rectified by the hospital manager during the inspection and a complete Drugs Admission Policy was placed in a visible location in the clinic room for staff to reference.

## **The multi-disciplinary team**

The hospital was managed by the Hospital Manager who was in the process of registering as the Registered Manager for the service with HIW. The hospital manager was a member of the multi-disciplinary team. The multi-disciplinary team included a responsible clinician, who was locum, and the registered provider was in the process of recruiting to the post. There were a team of registered nurses, there were two vacancies, one vacancy was being covered by a registered nurse on a fixed term contract and both posts were in the process of being recruited to. There were a psychologist and psychology assistant, both full-time; an occupational therapist, an occupation therapy assistant and an activity coordinator who were all full time. Education was provided by two part-time teachers, equivalent to one full time post. There was a dietician input two days a week. The hospital had a full establishment of health care support workers.

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. Psychology also plans a weekly reflective practice group as part of staff wellbeing. The Psychologist meets with individuals for 1 to 1's, holds debriefs for staff

following a patient restraint, or other stressful incidents and also plans weekly reflective practice groups.

### **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 also contained proof of professional registration where required.

There was evidence that staff were receiving supervision and annual appraisals. A mandatory training programme was in place and staff told us that they received lots of training. Reviewing the training matrix provided during the inspection 100% of staff had completed all mandatory training.

### **Governance**

Since our previous inspection the registered provider has reviewed their clinical governance arrangements and a series of audits and responsibilities have been implemented that fed into clinical governance meetings. It was evident during our inspection that these were being undertaken and had provided a level of governance over the operation of the hospital.

The registered provider have submitted to HIW Regulation 28 visits undertaken by the responsible individual (RI) or delegated person as required.

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

We reviewed the statutory detention documents of five of the detained patients being cared at Regis Healthcare hospital at the time of our inspection. 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 and compliant with the Act.
- Section 17 leave forms were comprehensive in detail; however there was no evidence to state that the patient and/or relative had received a copy.
- All spent Section 17 leave forms were marked as no longer valid and removed from the ward files; these were maintained in the Mental Health Act Administrator's office.
- It was not always easy to find the record made by the Statutory Consultees following discussion with Second Opinion Appointed Doctor (SOAD) regarding the decision about medication.
- There was a good standard of assessments of capacity developed. However we noted that for one patient the assessment form was incomplete, misdated and unsigned.
- The Mental Health Act Administrator was in the early stages of developing an audit for ensuring that the use of the Act at the hospital is compliant with legislation and follows the guidance of the Code of Practice for Wales.

### **Requirement**

**The registered provider must develop a specific form to record the Statutory Consultees decision making process which is to be kept with the Second Opinion Appointed Doctor (SOAD) documentation.**

**The registered provider must update Section 17 leave documents so that the patient and/or relative can sign it to state that they have received a copy.**

**The registered provider must ensure that all capacity assessment forms are completed accurately.**

## *Monitoring the Mental Health Measure*

We reviewed care and treatment planning documentation for four patients at Regis Healthcare hospital and we saw an improvement in the quality of documentation since our previous inspection. The following observations were identified:

- Care and Treatment Plans were complete, regularly reviewed and kept up-to-date. There was evidence of discharge and aftercare planning from patient admission.
- Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence. Patient unmet needs were also identified.
- We observed a Care and Treatment Plan Review Meeting. It was very positive that the patient was fully involved and commenced with a documented 'self-report' prior to the professionals reports.
- An extensive range of evidence-based patient assessments to identify and monitor the provision of patient care. Along with risk assessments that set out the identified risks and how to mitigate and manage them.
- Good physical health monitoring and health promotion recorded in patient notes. Patient dietary needs were assessed with input from a dietician with weight management and monitoring in place.
- Individual patient notes were well organised and in good order. It was positive to note that in the patient notes, daily entries were highlighted different colours depending on the discipline; this assisted in the review of documents.
- Only one of the four Care and Treatment Plans reviewed had the patient's signature. The remaining three did not have the patient signature or a record to state that the patient had refused to sign.

### **Requirement**

**The registered provider must ensure that staff document why a patient signature is not on their Care and Treatment Plan.**

## 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: 15 & 16 November 2015**

Regulation	Recommendation	Action	Responsible Officer	Timescale
26 (2)(a)(b)	The registered provider must ensure that Maintenance Daily Checks are undertaken each day.	The hospital manager walks around with the maintenance person weekly, there is a maintenance book in place that the maintenance person checks each day.	Hospital Manager / Ward Manager	On going
9 (1)(c)	The registered provider must ensure that all Maintenance Checks are signed by the person who undertakes each of the checks.	The hospital manager to check maintenance book daily.	Member of management team	On going

26 (2)(a)(b)	The registered provider must undertake monthly environmental decorative check for areas of redecoration that are required.	We now have a walk around book that the maintenance and hospital manager do on a monthly basis.	Hospital Manager	18/11/16
18 (1)(a) 26 (2)(c)	The registered provider must ensure that the patient status at a glance board is only viewable to staff when in use.	There is now a blind over the patient board.	Maintenance	20/11/16
26 (2)(c)	The registered provider must include an expiry date check to the weekly emergency equipment audit.	There is an expiry date on the audit.	Ward Manager	18/11/16
9 (1)(f)	The registered provider must develop a specific form to record the Statutory Consultees decision making process which is to be kept with the Second Opinion Appointed Doctor (SOAD) documentation.	Staff were recording this in the patients notes, we have now devised an additional form that all staff can utilise.	Ward Manager	20/11/16

9 (1)(g)	The registered provider must update Section 17 leave documents so that the patient and/or relative can sign it to state that they have received a copy.	Section 17 has been updated and all staff are aware of the documentation and that a signature is required.	Ward Manager	20/11/16
17 (1)	The registered provider must ensure that all capacity assessment forms are completed accurately.	There has been a change over in Responsible Clinician who were unfamiliar with the forms. This has now been addressed.	Hospital Manager	15/12/16
9 (1)(g)	The registered provider must ensure that staff document why a patient signature is not on their Care and Treatment Plan.	Staff received supervision regarding this.	Hospital Manager	15/12/16