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1 April 2014

Dear Mr Woolgar,

**Re: Visit undertaken to Aderyn on the 3, 4 and 5 March 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Aderyn independent hospital on the evening of 3 and all day on the 4 and 5 March 2014. Our visit highlighted areas that are noteworthy and include;

- The good rapport we observed between patients and staff.
- Feedback from patients was positive about the quality, variety and temperature of the food.
- The Mental Health Act (MHA) audit was undertaken on a regular basis and included all aspects of the patient pathway, including appropriate legal papers and rights explained under section 132 of the MHA.
- A very good range of activities for patients were on offer and patient participation was very high.
- A highly motivated staff team.
- A good range of patient information was readily available.
- Patients were enabled to participate in planning their recovery and daily activities through the diary and community meetings.

- Patients felt that their comments and feedback communicated through the diary and community meetings was acted upon.
- 'The Compass' handbook for new patients, formulated by patients, was very informative and a positive initiative.

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 5 March 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
1. The bed in room 17 was not compatible with the air flow mattress and there was a risk of entrapment and the patient falling out of bed, over the top of the bed rails. A suitable bed must be provided that is compatible with the air flow mattress. Following the inspection HIW were informed that this area had been addressed.	Regulation 15 (1) (a) (b) & (d) and 15 (2)
2. The blue room/quiet room had significant paint flaking and possible damp by the window. A programme of repair is required to address the water damage/damp in the blue room.	Regulation 26 (2) (b)
3. We reviewed the clinic/treatment room and identified the following: <ol style="list-style-type: none"> <li>The drugs disposal bin was full and had been awaiting collection for some time.</li> <li>Drugs relating to patient A dated 8 January 2014 had not been appropriately disposed of.</li> <li>The label on some Propranol tablets had been removed, with remnants left on the box.</li> <li>Prescription sheet for patient B stated 'Etodoial' when it should have read 'Eccoxolac'.</li> <li>A range of medications, including movicol and laxido were on the bottom of the trolley and not locked away. <i>These items were put away when highlighted during the visit.</i></li> <li>Medication for patient C had not been given on 2 occasions and no reason for non administration was recorded.</li> <li>There was no cover on the oxygen mask. <i>This was resolved when highlighted during the visit.</i></li> <li>Patient D had a 4 day gap when medication had not been administered because the medication was not available. N.B this was a</li> </ol>	Regulation 15 (5) (a) & (b)

<p>stock medication.</p> <p>i. A cream for patient E had been ordered on 28 February 2014 and had still not arrived by the end of our visit.</p> <p>All areas identified must be addressed as a matter of urgency.</p> <p>4. There was no internal programme of specific educational activities at the hospital. A programme of educational activities must be implemented.</p> <p>5. Mandatory training for a number of staff had lapsed. Areas that need attention include; fire safety (11 staff); health and safety (10 staff); infection control (12 staff) and managing violence and aggression (MVA) (2 staff). All staff must receive relevant training, specifically in the areas identified.</p> <p>6. Two bank staff (F and G) had not received a documented induction/orientation to Aderyn. All bank staff must receive a documented induction/orientation to the hospital.</p> <p>7. We looked at a number of patient records and the following was identified:</p> <ul style="list-style-type: none"> <li>a. Patient H was on prescribed analgesia, however, there was no evidence of a pain risk assessment and review of medication on file.</li> <li>b. The care plan for patient H on heart failure did not contain information on what to do in an emergency, such as administering oxygen.</li> <li>c. The catheter care plan for patient C lacked detail and guidance for staff, including change of date, the appearance of urine and the volume of fluid intake.</li> <li>d. Staff questioned did not know why patient C had an indwelling catheter.</li> <li>e. Patient I had refused medication since 28 February 2014 and there was no reference in the notes of the strategies to be used following a GP visit.</li> <li>f. There was a lack of information regarding patient I's wound care, specifically for his foot ulcer.</li> </ul> <p>8. Training for staff in specific areas, including catheter care, wound care, dementia care and long term</p>	<p>Regulation 15 (1) (a) (b) &amp; (c)</p> <p>Regulation 20 (2) (a)</p> <p>Regulation 20 (1) (a) &amp; (b)</p> <p>Regulation 15 (1) (a) (b) &amp; (c)</p> <p>Regulation 20 (1) (a) &amp; (2) (a) &amp; (b)</p>
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<p>conditions such as diabetes and heart failure is required. All staff must receive training in these areas to ensure a consistency of care and understanding.</p>	
<p>9. The findings of audits must be acted upon. Some audits such as the clinical notes audit January – February 2014 had no evidence of the action taken following deficits identified.</p>	<p>Regulation 19 (1) (a) (b)</p>
<p>10. There was no evidence that the findings of the ligature assessment dated 11 December 2013 had been actioned.</p>	<p>Regulation 19 (1) (a) (b)</p>
<p>11. There was a lack of responsible clinician (RC) signatures on incident records (IR1) and the duplicate sheets were difficult to read. (NB: RC's do sign the records, but not the yellow duplicate sheet. This is removed before it goes to the RC). However, RC signatures must be evident as a process of audit and be readable.</p>	<p>Regulation 19 (1) (a) &amp; (b)</p>
<p>12. A staff file did not have references available. References must be available and kept on all staff files.</p>	<p>Regulation 21 (2) (d)</p>

You are required to submit a detailed action plan to HIW by **22 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 Andrea Lewis, Manager at Aderyn Hospital.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Powell'.

**Mr John Powell**  
Head of Regulation

cc – Ms Andrea Lewis, Aderyn Independent Hospital, Penperlleni, Pontypool NP4  
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