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Dear Mr Parry,

**Re: Visit undertaken to Ty Cwm Rhondda on the 30 and 31 January 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Ty Cwm Rhondda independent hospital on the 30th and 31st January 2014. Our visit highlighted areas that are noteworthy and include:

- The comprehensive patient information displayed at ward level.
- The feedback received from the patient group on the choice, variety and quality of the food.
- The employment of a full time social worker and a practice nurse is a positive initiative.
- The behavioural monitoring reports were comprehensive.
- The facilities for recreational/social activities were very good.
- Feedback from patients confirmed staff treated them with respect.

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

Issue of concern	Regulation
1. An urgent review of staffing numbers must be undertaken and additional registered nurse hours provided. During our visit, the ward manager on Cilliad ward was being used as a registered nurse and not supernumery. In addition, the observations that were taking place were difficult to maintain due to the staffing levels.	Regulation 20 (1) (a) & (b)
2. On a number of occasions the hospital had not achieved their minimum staffing numbers as detailed within the current statement of purpose (dated February 2013). Minimum staffing numbers must be maintained as stated in the statement of purpose.	Regulation 20 (1) (a) & (b) & Regulation 8 (a) & (b)
3. There was no documented induction process in place for agency staff. A system of agency induction must be devised and implemented.	Regulation 20 (1) (b) & (2) (a)
4. There was initially a lack of documentary evidence of the qualifications, training and experience of agency staff. <i>During the feedback meeting, documentary evidence was provided, evidencing the qualifications, experience and training of agency staff at the hospital.</i>	Regulation 20 (2) (a) (b) & Regulation 21 (2) (b) & (d)
5. There were issues with the observational records for a number of patients. The records did not have current observational levels documented and had not been signed by the nurse in charge of the ward. Observational records must detail the observation levels and signed by the nurse in charge of the ward.	Regulation 15 (1) (a) (b) & (c) & Regulation 23 (3) (a)
6. The patient record of TCR069 (Clydwch ward) was examined and the following observations were made: a. The WARRN <sup>1</sup> risk assessment identified risks, but no patient support plan had been developed.	Regulation 15 (1) (a) (b) & (c) & Regulation 23 (3) (a)

<sup>1</sup> WARRN is the Wales Applied Risk Research Network. One of the main aims of WARRN is to drive forward a standardised and consistent approach across services to: (a) training in risk-related issues in mental health; (b) the development of risk policy and risk pathways; and (c) the consistent and standardised use of evidence-based instruments for risk assessment and risk management. For more information visit [www.warrn.co.uk](http://www.warrn.co.uk)

When risks have been identified it is essential that strategies for dealing with these are formulated and effectively documented.	
7. The morning handover meeting lacked structure and no documentation for patient progress was utilised within the handover process. A structured handover for nurses/care support workers must be developed and implemented.	Regulation 9 (4) (e) & Regulation 19 (2) (b) (i) & (e)
8. A review of the de-escalation/quiet room on Clydwch ward is required to determine if it is fit for purpose. The room contained a bed and settee and there was insufficient space if a restraint became necessary.	Regulation 26 (1) (2) (a) & (c)
9. There was no staff appraisal system in place. An appraisal system must be formulated and implemented for all staff.	Regulation 20 (2) (a)
10. The training records confirmed six staff had not undertaken an annual update from Maybo <sup>2</sup> in relation to control and restraint training. All staff must receive updated Maybo training on an annual basis.	Regulation 20 (1) (a) & (2) (a)
11. The majority of staff required mandatory training in health and safety; fire; first aid; infection control; food hygiene; drug and alcohol and protection of vulnerable adults (PoVA). All staff must receive updated mandatory training in the areas listed and continue to receive an on-going training programme in line with specific timescales.	Regulation 20 (1) (a) (2) (a) (b)
12. There was a lack of an educational programme for patients. The implementation of an educational programme is required for all patients.	Regulation 15 (1) (a) & (b)
13. The following areas within the clinic on Cilliad ward	Regulation 15 (5)

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<sup>2</sup> Maybo provides training in physical intervention. Maybo approved physical intervention courses are based on natural movements that do not rely on strength or aggression. These non-aggressive skills can help to quickly calm a situation.

