Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Llanarth Court Independent Hospital
Raglan
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Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
28 & 29 September 2010	Mr John Powell accompanied by two assistant inspection managers, two HIW reviewers and a Mental Health Act reviewer.

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards,'* which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: **www.hiw.org.uk**

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An unannounced inspection was undertaken to Llanarth Court hospital on 28 and 29 September 2010 by an Inspection Manager, two assistant inspection managers, two reviewers and one Mental Health Act reviewer. The hospital was first registered in December 1992 and is currently registered for one hundred and fourteen (114) patients and one (1) emergency bed within seven wards and one rehabilitation bungalow. Four of the wards offer a medium secure service and the remaining three wards provide a low secure service. The bungalow offers a rehabilitation and step down service for four female patients. All of the beds were

registered to take patients detained under the Mental Health Act 1983. Further details in relation to the various categories of admission for each of the wards are listed within the conditions of registration section of this report. The registered provider for the hospital is Partnerships in Care Limited.

As part of the inspection process the registered provider submitted a completed self-assessment form and an extensive range of supporting documentation to demonstrate how they met the National Minimum Standards For Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the registered manager, the director of nursing and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

A number of key areas were considered within the inspection process including; risk assessments, seclusion of patients, managing disturbed behaviour, complaints, appropriateness of patients accommodated, catering, environment of care, staffing and internal quality monitoring and governance processes.

In respect of the main inspection findings, the registered provider had in place:

- A very comprehensive statement of purpose that detailed the range of services available at the hospital including the treatment and services provided. A patient guide was also available.
- Comprehensive care documentation and risk assessments were routinely undertaken for each patient and a random sample of patient documentation was examined during the visit. It was observed that all members of the multi-disciplinary team wrote into one set of notes, however, there were a number of occasions when staff had not dated or signed entries in the daily patient notes. In addition, some patient care plans evidenced that patients were involved in their plans of care; however, not all plans examined contained the signature of the patient and entire multi-disciplinary team. There was significant evidence that patients had their physical needs assessed including registration with a dentist who provided NHS dental care. Plans of care were clearly set out and linked into

the risk assessments and in addition there was evidence that evaluation of the plans was routinely undertaken on a monthly basis or whenever changes had occurred. However, unfortunately the section on individual patients achieving their goals, personal risk prevention and management and security was not completed for all the patients on Osbern ward. It is vital that this area is completed for all the patients to empower and involve them in their care. There was also a lack of evidence, within patient records, to confirm that the policy on visiting is explained to all patients and their families. Documentation to support any anticipated discharge planning was available and this included multi-disciplinary team meeting notes.

- An extensive range of policies and procedures with the date of formulation and review were available; however there was a lack of documentation to confirm whether or not all staff had signed to state that they had read and understood the policies.
- A staff training programme was in place and this included a range of statutory topics such as fire prevention, infection control and manual handling. Other training undertaken included, adult protection and resuscitation techniques. A nurse was the identified lead to cascade information and undertake training in the management of personality disorders to the nursing staff. Unfortunately whilst the training for the identified member of staff had been undertaken no cascading of information and training for staff had commenced. Given the relevance of this training and the fact that this had been identified in the previous inspection it was disappointing to note that this had not commenced. However, the psychologist had expertise in understanding and managing personality disorders and understanding and managing bullying. Training for staff in anti-discriminatory practice in direct patient care was being developed but had not commenced.
- In terms of activities there were extensive facilities within the hospital including a music therapy department, a fully equipped craft area that included a pottery section, a garden area and a woodworking department. In addition, some patients had access to educational services. However, the vast majority of activities appeared to be undertaken by *"activities coordinators"* and unfortunately they were, on occasions, utilised on the wards as an extra pair of hands if there were staff shortages. A number of patients that were spoken to were critical of a

lack of activities and planned sessions being cancelled due to a lack of staff. Unfortunately, issues with activities were identified within the previous inspection report and it is vital that this area is monitored in detail to ensure that patients have a range of activities offered to them and these are not routinely cancelled. In addition, no individual activity programmes had been formulated for the patients on Treowen ward.

- There was a comprehensive complaints process in place, however, due to the volume of complaints and the past absence of a complaint manager there had been some significant delays in dealing with patient complaints. A new complaints manager was in post and regular meetings between the manager and clinical nurse managers had began to address this issue.
- A number of audit reports were sighted including; a very comprehensive patient satisfaction survey that included an analysis of results and a section on further action required as a result of some of the responses received.
- The following observations are made in relation to the environment of care:

Teilo and Treowen - these two low secure wards provided a spacious and pleasant environment with designated rooms to facilitate recreational and social activities. However, the bedroom door vision panels on Teilo ward were left in the *"open"* position, this is clearly a privacy and dignity issue and the use of these vision panels must be assessed.

Woodlands bungalow - provided a very pleasant, nicely furnished and decorated environment that patients clearly appreciated.

Deri – a low secure ward that had been refurbished and re-registered in 2009, this again provided a pleasant and therapeutic environment.

Awen – provided medium secure accommodation for female patients, this environment clearly requires a review to ensure that it can meet the identified needs of the very broad category of patients accommodated. In addition, areas of this ward required some redecoration and refurbishment.

Iddon – provided medium secure accommodation and required complete refurbishment and redecoration, this included the lounge areas and bathrooms. The ward lacked sufficient space for activities and the implementation of a meaningful therapeutic programme of care. Patients spoken to were also concerned about a lack of ventilation in their bedrooms. The inspection team was informed that the refurbishment of this ward was planned for 2011.

Osbern – a medium secure ward that had been extensively refurbished. This provided a much improved environment of care and feedback from patients and staff in relation to the refurbishment was very positive. The ward now had its own designated dining room and four separate recreational areas on the ground floor.

Howell – a medium secure ward that again required complete redecoration and refurbishment.

Following last years inspection an action plan in relation to the refurbishment programme was submitted. It is very positive to note that Osbern ward had been refurbished and Iddon's refurbishment was planned for 2011. However, the Inspection team were very concerned about the unacceptable condition of Howell ward. The refurbishment of this ward also needs to be prioritised. An updated action plan in terms of the on-going refurbishment is therefore required.

An appropriate child friendly visiting area had been commissioned and developed and this provided an appropriate environment for children to visit. However, given the location and existing entrance to this facility, a separate entrance to this area needs to be provided to enable a more flexible approach to when this facility can be used.

In respect of the other inspection findings feedback from patients was mainly very positive in relation to the attitude, interaction and support received from the staff group. There still appeared to be a lack of psychology input for some wards; however the inspection team were informed that this would be addressed with the appointment of a new psychologist who would be in post by December 2010.

General Practitioner Clinics continued to be provided at the hospital to address the physical needs of patients and this was a very positive service.

The engagement of commissioners and Care Program Approach (CPA) Care Co-ordinators continues to be an issue and needs to be improved. The attendance at some of these meetings was at best sporadic but for many patients was non-existent. The action plan submitted by the registered provider in response to the inspection report dated 2009-2010 stated that HIW would receive a copy of the report investigating attendance at CPAs, unfortunately no report had been received so whether this area has improved is difficult to assess.

In relation to the area of medicines management an overview of the ordering, storage, use and disposal of medicines was undertaken on Teilo ward. There was a range of comprehensive policies and procedures in relation to the area of medicines management. A large stock of medication was in storage for a patient but the patient was no longer prescribed this medication. A refrigerator was available for medicines; however the temperature was not routinely recorded. In addition, a suction machine was available for use, but the mouth piece was not covered and was therefore contaminated with dirt and dust. A random sample of prescription charts were inspected and it was noted there were a significant number of “blanks” in the administration record with no reasons for non administration recorded. Blood specimen bottles were also noted to have passed the date of expiry.

A range of policies and procedures for human resources were available and newly appointed staff were required to complete an induction process that demonstrated the meeting of a competency framework. This process was monitored and quality assured by the *“development nurse”.*

It was very evident during the first day of the inspection that a number of patients on Awen ward were no longer appropriately placed and were not making progress. This situation was causing a great deal of distress to a number of patients spoken to during the visit. In response to the situation the registered provider produced an action plan and presented this to the inspection team at the start of the second day of the inspection. This adequately addressed some of the issues; however, there

remains the wider issue of the appropriateness of the admissions of some of the patients on this ward. A review of all current patients was required and the admission criteria must be more clearly defined to ensure that compatible patient groups are accommodated. In addition, as previously documented within this report, a review of the environment of care is required to ensure that the physical environment remains appropriate to meet the patients' needs.

In relation to the area of risk a number of ligature risk assessments had been undertaken and appropriate action was documented.

The catering service for patients provided three meals a day and a sandwich supper and there was a twelve week menu cycle. Choice and variety were evident and specific dietary requirements were catered for, however patients interviewed stated that there was a lack of choice in relation to a vegetarian diet and that a large percentage of their protein came from cheese. Fruit and hot drinks were available on demand. A Patient Catering Committee had been established and met on a bi-monthly basis and these meetings had an agenda and minutes were available. Patient views in relation to the catering continued to vary dramatically from satisfied to totally dissatisfied.

The Inspection Manager would like to thank the patients, registered manager, director of nursing, and staff employed at the hospital for their time and co-operation during the unannounced inspection visit.

Achievements and Compliance

Within the previous inspection report seven regulatory requirements had been identified, an action plan had been received and five of the requirements had been addressed. The two outstanding requirements were in relation to a significant number of staff that had not received training on personality disorders and self-harming behaviours and the engagement of commissioners and CPA co-ordinators must be improved. In terms of the second requirement, the action plan submitted by the registered provider in response to the inspection report dated

2009-2010 stated that HIW would receive a copy of the report investigating attendance at CPAs, unfortunately no report had been received so whether this area has improved is difficult to assess.

In relation to achievements it was very evident that there was a very comprehensive process of clinical audit and governance undertaken at the hospital. In addition, the registered provider had produced an action plan to address the significant concerns raised, by the inspection team, in relation to Awen ward. It is vital that a complete review of this ward is undertaken as a matter of urgency and a copy of the review forwarded to HIW.

Registration Types

This registration is granted according to the type of service provided. This report is for the following type of service

Description
An independent hospital with overnight beds providing medical treatment for mental health and learning disability (including patients detained under the Mental Health Act 1983)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The number of patients at any one time shall not exceed **114 (One hundred and fourteen)** and **1 (one) emergency bed** as specified below**:** a) **Awen Ward**. A medium secure service for a maximum 16 (**sixteen**) female adults aged between 18 and 65 years detained under the Mental Health Act, who are diagnosed	Insufficient Assurance – not in relation to numbers but in relation to categories of care for patients accommodated

Condition number	Condition of Registration	Judgement
	with a mental illness and / or treatable personality disorder or a combination of these two. b) **Howell Ward**. A medium secure service to provide assessment, treatment for a maximum 17 (**seventeen**) male adults aged 18 years and above detained under the Mental Health Act who are diagnosed with a mental disorder. c) **Iddon Ward**. A medium secure service to provide assessment, treatment for a maximum 17 (**seventeen**) male adults aged 18 years and above detained under the Mental Health Act who are diagnosed with a mental disorder. d) **Osbern Ward**. A medium secure service to provide assessment, review and treatment for a maximum 11 (**eleven**) male adults aged between 18 and 65 years detained under the Mental Health Act who are diagnosed with borderline to moderate learning disability, and have mental health needs. e) **Teilo Ward**. A low secure service to provide rehabilitation for a maximum 20 (**twenty)** male adults aged 18 and upwards that may be liable to be detained under the Mental Health Act who require rehabilitation for a mental disorder. f) **Treowen Ward.** A low secure service to provide rehabilitation for a maximum 19 (**nineteen)** male adults aged 18 and upwards that may be liable to be detained under the Mental Health Act who require rehabilitation for a mental disorder. This includes 1 (**one**) bed that is to be kept available to accommodate a patient from **Aderyn Independent Hospital, Penperlleni, Nr Pontypool, Monmouthshire NP4 0AH** in the event that they require emergency intensive care and treatment during their rehabilitation due to a relapse of their mental disorder.	on Awen ward

Condition number	Condition of Registration	Judgement
	g) **Woodlands Bungalow.** An open service to provide rehabilitation for a maximum 4 (four) female adults aged between 18 and 65 years that may be liable to be detained under the Mental Health Act who were previously admitted to Awen Ward. h) **Deri Ward.** A low secure service to provide assessment for a maximum of 11 (**eleven**) male adults aged 18 years and above and who are detained under the Mental Health Act 1983. Patients will be suspected or suffering form a diagnosed mental disorder.	
2.	The Registered Manager must ensure that there is a suitably qualified experienced senior, registered nurse – Part 1(Mental Health) Nursing and Midwifery Council Register, appointed to the position of lead nurse/manager/clinician. This person must be based at Llanarth Court Hospital with a job description dedicated to the running of the establishment.	Compliant
3.	The numbers and skills of healthcare professionals and support staff assigned to each unit will reflect the number and needs of patients and each unit. The minimum staffing levels for the establishment will be provided as specified in the establishment's Statement of Purpose dated December 2009.	Compliant

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement.

Condition number	Findings and action required	Time scale
1	**Findings** The Inspection Manager and Reviewers were concerned at the patient mix on Awen ward. **Action required** The registered person is required to undertake a review of the patients accommodated on Awen ward to ensure that they are appropriately placed and within the registration category.	Within 3 months of the date of this report.

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. 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.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard not inspected
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard met
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard almost met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not applicable
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard met

Number	Standard Topic	Assessment
C16	Patients have access to an effective complaints process	Standard almost met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard not met for Iddon, Howell and Awen wards Standard met for remaining wards
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard not inspected
C21	Patients receive appropriate catering services	Standard almost met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard almost met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not inspected
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard almost met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard not inspected
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard almost met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not applicable

Service Specific Standards - these are specific to the type of establishment inspected

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard not inspected
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard almost met
M5	Staff Numbers and Skill Mix	Standard almost met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard almost met
M8	Suicide prevention	Standard almost met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard met
M12	Admission and assessment	Standard not inspected
M13	Care programme approach: Care planning and review	Standard met
M14	Information for patients on their treatment	Standard almost met
M15	Patients with Developmental Disabilities	Standard met
M16	Electro-Convulsive Therapy (ECT)	Standard not applicable
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard not inspected
M20	Transfer of Patients	Standard not inspected
M21	Patient Discharge	Standard not inspected
M22	Patients' records	Standard met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard almost met
M25	Working with Carers and Family Members	Standard met
M26	Anti-discriminatory Practice	Standard met
M27	Quality of Life for Patients	Standard almost met

Number	Mental Health Hospital Standards	Assessment
M28	Patient's Money	Standard not inspected
M29	Restrictions and Security for Patients	Standard met
M30	Levels of observation	Standard met
M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met
M33	Unexpected patient death	Standard met
M34	Patients absconding	Standard met
M35	Patient restraint and physical interventions	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Standard met
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard met
M44	Section 17 Leave	Standard met
M45	Absent without Leave under Section 18	Standard met
M46	Discharge of Detained Patients	Standard met
M47	Staff Training on the Mental Health Act	Standard met

Schedules of Information

The schedules of information set out the details of what information the registered person must provided, retain or record, in relation to specific records

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Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the *'registered person'* who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an *'action plan'* confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C2	15 (4) (a)	**Findings** Staff were not aware of any policy and procedure on the use of the vision panels on patient bedroom doors. Consequently these were left in the open position. **Action Required** The registered person is required to ensure that any policy and procedure in relation to the use of the vision panels on patient bedroom doors protects the privacy and dignity of patients. In addition, staff must be made aware of the policy/procedure.	A copy of the policy and procedure and confirmation that staff have read and are aware of same to be submitted to HIW within 28 days of receipt of this report.
C16	22 (2)	**Findings** There was a comprehensive complaints process in place, however, due to the volume of complaints and the absence of a complaint manager there had been some significant delays in dealing with patient complaints.	Within 28 days of receipt of this report, HIW to receive confirmation that all outstanding complaints have been addressed.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to ensure that all complaints are dealt with in line with the timescales identified within the complaints procedure.	
C19	24 (2) (a) & (b)	**Findings** Iddon and Howell wards required complete refurbishment and redecoration. In addition areas of Awen ward required refurbishment and a review of the environment is urgently required to ensure that the needs of a diverse patient group can be met. **Action Required** The registered person is required to submit a detailed action plan with specific timescales to address the refurbishment (including shower facilities) of Iddon, Howell and Awen wards.	Within 2 months of receiving this report.
C21	14 (7) (c)	**Findings** A number of patients interviewed stated that there was a lack of choice in relation to a vegetarian diet and that a large percentage of their protein came from cheese. **Action Required** The registered person is required to ensure a varied vegetarian menu is available that is suitable for the needs of the patients.	Within 28 days of receiving this report.

Standard	Regulation	Requirement	Time scale
C25	14 (5)	**Findings** A large stock of medication was in storage for a patient but they were no longer prescribed this medication. A refrigerator was available for medicines; however the temperature was not routinely recorded. In addition, a random sample of prescription charts were inspected and it was noted there were a significant number of *"blanks"* in the administration record with no reasons for non administration recorded. **Action Required** The registered person is required to ensure that medication is not stored when no longer prescribed for patients. In addition daily monitoring of the refrigerator that is recorded and signed by the person monitoring the temperature must be maintained and all administration or non-administration of medication must be recorded.	Immediate and on-going
C27	24 (2) (c)	**Findings** A suction machine was available for use, however the mouth piece was not covered and was therefore it was contaminated with dirt and dust. **Action Required** The registered person is required to ensure that all parts of the establishment are kept clean and meet appropriate standards of hygiene.	Immediate and on-going

Standard	Regulation	Requirement	Time scale
M4	15 (1)	**Findings** The engagement of commissioners and CPA co-ordinators must be improved. **Action Required** The registered person is required to ensure that there is a robust process in place to improve the current level of engagement with commissioners and CPA co-ordinators. To monitor this area the registered provider is required to produce a statistical report of attendance at CPA meetings.	A copy of the CPA report is to be received at HIW within 28 days of receiving this report.
M5, M6 & M8	18 (2) (b)	**Findings** A significant number of staff had not received training on personality disorders, self harming behaviours and anti-discriminatory practice. **Action Required** The registered person is required to ensure that staff have the qualifications, skills and experience to undertake their role.	Within 28 days of receiving this report.
	24 (2) (b)	**Findings** An appropriate child friendly visiting area had been commissioned and developed and this provided an appropriate environment for children to visit. However, given the location and existing entrance to this facility, a separate entrance to this area needs to be provided to enable a more flexible approach to when this facility can be used.	Within 3 months of receiving this report.

Standard	Regulation	Requirement	Time scale
		Action Required The registered person is required to provide a separate entrance to this area needs to be provided to enable a more flexible approach to when this facility can be used.	

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C2 & M7	It should be documented that care given to patients has been fully explained to them including any potential risks and side effects.
C7	All staff to read the policies and procedures relevant to their area of work and sign a statement to this effect.
C32	It was observed that all members of the multi-disciplinary team wrote into one set of notes, however, there were a number of occasions when staff had not dated or signed entries in the daily patient notes.
M14	Evidence that the medication regime, the known side effects and risks was explained to patients, should be available.
M24	The policy on visiting the hospital should be fully explained to all patients and visitors.
M27	Individual activity programmes should be formulated for all patients