

Mr Steve Bartley
Heatherwood Court Limited
5<sup>th</sup> Floor
Harlech Court
Bute Terrace
Cardiff
CF10 2FE

Eich cyf / Your ref Ein cyf / Our ref

20 May 2013

Dear Mr Bartley,

Re: Visit undertaken to Heatherwood Court on the 4 and 5 March 2013

As you are aware Healthcare Inspectorate Wales's (HIW) undertook an unannounced visit to Heatherwood Court independent hospital, Pontypridd on the evening of 4 March and 5 March 2013. The visit highlighted areas that were noteworthy and included:

- A good rapport between patients and staff. In particular, the positive way staff were observed dealing with very difficult patients and their challenging behaviour.
- The standard of cleanliness, particularly in the bathrooms and WCs.
- The quality of food served to patients.
- The amount of soft furnishings and pictures on Chepstow ward.

However, the visit also highlighted a number of issues of concern where improvement is needed. We provided a verbal overview of our concerns to your nominated manager at the end of our visit, on the 5 March 2013 and a summary of these and identified regulatory breaches is now set out overleaf:

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Issue of concern		Regulation
1.	A number of decisions appeared arbitrary and had been applied to all patients. No patients had keys to their bedrooms or snack cupboards. In addition, there was a set amount of milk given to patients each day and patient pampering sessions had been stopped. Decisions should be based upon risk and patient's identified needs not just a "blanket" approach.	Regulation 15 (1) (a) (b) & (c) & 19 (1) (a) & (b)
2.	The nurse call system was turned off in two patient bedrooms on Chepstow ward. The nurse call system must not be turned off.	Regulation 19 (1) (a) & (b) & 26 (2) (a)
3.	A number of vision panels on patient bedroom doors on Chepstow and Caernarvon wards were in the open position. Vision panels on patient bedroom doors must be maintained in the closed position.	Regulation 15 (1) (b) & 18 (1) (a)
4.	Patient information was displayed on whiteboards in the nursing office which could be viewed by patients from the window. All patient information must be protected from being viewed by other patients.	Regulation 18 (1) (a)
5.	A review of staffing levels must take place to ensure the effective delivery of services and support to patients. Patient activities and section 17 leave have been delayed and/or cancelled because a lack of staff. In addition, a staff nurse on Caernarvon ward had completed a 24 hour shift. This is unacceptable practice and can have a significant impact on patient and staff safety.	Regulation 20 (1) (a)
6.	A review of the complaints highlighted a lack of availability of transport which has resulted in patient leave being cancelled. A review of transport is required to ensure it is adequate.	Regulation 15 (1) (a) & (b) & 19 (2) (b) (i)
7.	All patient documentation must be appropriate and link with other documentation to enable a comprehensive patient profile. The risk assessments, management plans, treatment plans and care plans reviewed could not be easily linked.	Regulation 15 (1) (a) & (b) & 19 (1) (b)
8.	A number of issues require attention relating to patient SBW:  a. The smell of urine from SBWs room was impacting on the patient in the next room.  b. A review of SBWs notes highlighted that she	Regulation 15 (1) (a) (b) & (c) 23 (1) (a) (i) & 23 (3) (a)

did not agree with her care plan. It was
unclear what had happened as a result,
therefore a review of SBWs care plan is
required.

- c. There was no care plan in place on access to SBWs room/area. She cannot leave her room independently, therefore this seems like potential seclusion. A robust care plan needs to be in place.
- d. A daily support record is completed for SBW, but it was not clear how this note fits in with her other notes. One comprehensive system of recording should be maintained.
- 9. A review of the scripts for patient RJ, in relation to aggression is required as they can be viewed as punitive. In addition, his health care plan was of poor quality, specifically in relation to both his health needs and prevention. An immediate review of RJ's paperwork is required.

Regulation 15 (1) (a) & (b)

10. General practitioner (GP) services do not cover 52 weeks and HIW were informed by the registered provider that there were times when they felt that the on-call service had not responded appropriately. Discussions between Heatherwood and the Local Health Board are taking place and the outcome of the discussion should be reported to HIW within 1 month.

Regulation 15 (1)(a) & (b)

11. No pay phones were available on the wards and mobile phones are kept in the reception area. Patients can use the wards telephone but access is totally dependant on staff. A review of this system is required to ensure patients have an appropriate level of privacy.

Regulation 18 (1)

12. There was a lack of information for patients on display throughout the wards. In particular, information relating to advocacy, complaints and activities.

Regulation 18 (1) (a)

You are required to submit a detailed action plan to HIW by **7 June 2013** clarifying 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 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 Mr Carwyn Price, at Heatherwood Court hospital.

Yours sincerely

Mr John Powell Head of Regulation

cc - Mr Carwyn Price, Heatherwood Court, Pontypridd, CF37 1PL