

Mr Surjit Rai
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13 November 2013

Dear Mr Rai,

Re: Visit undertaken to Rushcliffe, Aberavon on the 4, 5 and 6 November 2013

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Rushcliffe independent hospital on the evening of the 4th and all day on the 5th and 6th November 2013. Our visit highlighted areas that are noteworthy and include:

- The good rapport observed between patients and staff.
- The varied range of activities for patients with an emphasis upon community based activities.
- The well maintained environment and the space available for patients.
- The comprehensive multi disciplinary team notes.
- The choice, variety and quality of food and the accommodating catering staff.
- The appropriate level of staffing on duty at the time of our visit.
- It was clear that the service has positively progressed since our last inspection.

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 6 November 2013. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
<p>1. We identified numerous issues with care planning documentation. These included:</p> <ul style="list-style-type: none"> a. There was no specific restraint care plan in place for patient A, despite their care plan on aggression mentioning the use of physical intervention if necessary. b. No risk assessments had been formulated by Rushcliffe for patient A (some were available from the Health Board) c. Patient A is diabetic and there was no care plan in place for this area. d. The admission checklist for patient A had not been signed. e. Pain was clearly an issue and identified for patient B in his notes. However, there was no pain risk assessment and specific care plan on pain available. f. The HoNOS¹ assessment for patient C identified depression as an issue, however there was no care plan in place for this. g. The care plans for patient C lacked detail and need to be developed further. h. There was no discharge plan in place for patient C. <p>All the areas identified above must be addressed urgently.</p>	<p>Regulation 15 (1) (a) & (b) & (c)</p>
<p>2. A number of issues were identified in relation to the treatment/clinic room. These included:</p> <ul style="list-style-type: none"> a. Oramorph² had only the label on the box and not the bottle. b. Instructions on the prescription sheet were illegible. c. An error in the controlled drugs book was identified, in that on the 20th October 2013 an error in stock balance was identified. The error however had not been picked up on 5 	<p>Regulation 15 (5) (a) & (b)</p>

¹ Health of the Nation Outcome Scales - HoNOS is a scale to measure the health and social functioning of people with severe mental illness. They are 12 simple scales on which service users with severe mental illness are rated by clinical staff. The idea is that these ratings are stored, and then repeated- say after a course of treatment or some other intervention- and then compared. If the ratings show a difference, then that might mean that the service user's health or social status has changed. They are therefore designed for repeated use, as their name implies, as clinical outcomes measures. (www.rcpsych.ac.uk)

² Oramorph is a liquid form of morphine, which is often used for severe pain.

<p>separate occasions when this medication had been administered by a registered nurse. Therefore the stock cannot have been checked after each individual administration.</p> <p>d. No maximum dose identified for prn³ medication.</p> <p>e. The systems for checking the oxygen are not clear and consistent. At ward level the checks were last completed on 4th September 2013.</p> <p>f. A cream (clotrimazole) for patient A had no label on it.</p> <p>g. Leave medication for patients was being dispensed by nurses. This should be dispensed by the pharmacy.</p>	
<p>3. A review of the governance and audit processes is required to ensure they are fit for purpose.</p>	<p>Regulation 9 (o), 13 (1) & 19 (1) (a) & (b)</p>
<p>4. There was a lack of Mental Health Act 1983 documentation at ward level. The organisation must ensure that copies of applicable legal paperwork is available on the ward at all times so that staff can assure themselves that each patient is legally detained and therefore that staff can provide treatment under the authority of the Act.</p>	<p>Regulation 15 (1) (a) & (b)</p>
<p>5. Completion rates for staff training need to be improved, too many staff were awaiting mandatory training, specifically protection of vulnerable adults (POVA).</p>	<p>Regulation 20 (1) (a) & (2) (a) & (b)</p>
<p>6. Staff supervision requires attention. Some staff had large periods between sessions of 3-5 months. To obtain your commitment of at least 6 sessions per year you must address the long periods without an appropriate supervision session.</p>	<p>Regulation 20 (1) (a) & (2) (a) & (b)</p>
<p>7. There was no training in the protection of children for staff. Training in child protection must be facilitated.</p>	<p>Regulation 20 (1) (a) & (2) (a) & (b)</p>

³ PRN medication (*pro re nata*), meaning as needed or according to circumstances. The administration times are determined by the patient's needs.

You are required to submit a detailed action plan to HIW by **6 December 2013** 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 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 Mrs Linda Rollings, Manager at Rushcliffe Hospital.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Powell', written in a cursive style.

Mr John Powell
Head of Regulation

cc – Mrs Linda Rollings, Rushcliffe Independent Hospital, Scarlet Avenue Aberavon Port Talbot , SA12 7PH

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